WPL | WOODBRIDGE PUBLIC LIBRARY

# Volunteer Application

Name: _____ Date: _____
Last First MI

Address: _____
Street Town Zip

Best phone number to reach you: _____ Grade: _____

E-Mail address: _____

Are you volunteering for community service hours? (Circle one) Yes No

If yes, why do you need the volunteer hours? (e.g., graduation) _____

Total number of hours needed: _____ Required completion date: _____

If you are not volunteering for community service hours, please check (✓) your availability for the given days of the week below:

| Days/Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| A.M. | | | | | | |
| P.M. | | | | | | |

**Emergency Contact Information:**

Name: _____
Last First MI

Address (if different from above): _____
Street Town Zip

Home phone: _____ Cell phone: _____

Parent / guardian signature: _____ Date: _____

<<<<<<<<<<<<<<<<<<<< **Library Use Only** >>>>>>>>>>>>>>>>>>>>

Assigned location: _____ Date trained: _____

Days and hours scheduled: _____

Comments: _____