

# Washington County Libraries

## Adult Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Other Phone \_\_\_\_\_

Email address \_\_\_\_\_

Special Skills \_\_\_\_\_

\_\_\_\_\_

Areas of Interest \_\_\_\_\_

\_\_\_\_\_

Times and Days Available	Mon	Tue	Wed	Thu	Fri	Sat
	_____	_____	_____	_____	_____	_____

Number of hours a week you would like to volunteer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_