



VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

NAME _____ DATE _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 PHONE _____ EMAIL _____

In case of emergency, who should we contact?

NAME _____ RELATIONSHIP _____
 PHONE _____ EMAIL _____

AVAILABILITY

How long will you volunteer? _____ Limited time (specify Total hours needed) _____ Ongoing
 Days and time available:

_____ Tuesday	_____ Friday	_____ Mornings (10 AM – 1 PM)
_____ Wednesday	_____ Saturday	_____ Afternoons (1 PM – 4 PM)
_____ Thursday		_____ Evenings (4 PM – 7 PM)

Volunteer opportunities are generally limited to an hour at a time. Availability will be for an hour within the selected time range. Once approved, you will be scheduled for a specific time. If you ever cannot keep your volunteer time, please let us know.

INTERESTS

Why are you interested in volunteering? _____

What areas are you interested in helping?

_____ Assisting with programs	_____ Preparing craft materials
_____ Circulation Desk Assistance	_____ Shelving materials
_____ Cleaning	_____ Special projects
_____ Organizing library materials	_____ Work where needed

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualification you have acquired from employment, previous volunteer work, or through activities, including hobbies or sports.

Parent/guardian signature (if under 17): _____ Age (if under 17): _____
 Signature: _____

Please return completed form to Krum Public Library. You can drop it off in person at 815 E McCart, mail it to PO Box 780 Krum TX 76249, or email it to circulation@krumlibrary.org.

Thank you for your interest in volunteering! Our volunteers help make the library awesome!