



Volunteers

West Slope Community Library Volunteer Application

Name _____
Last First MI

Address _____
Street City Zip

Home Phone _____

Cell Phone _____

Email Address _____

Position applying for, if applicable: _____

| Availability: | Morning | Afternoon | Evening |
|---------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | |

Past volunteer/work experiences & skills:

Please list any physical limitations: _____

Signature _____ Date _____