Abilene Public Library 209 NW 4th Abilene, KS 67410 263-3082 www.abilene.mykansaslibrary.org



## **Volunteer Application**

Name:	· · · · · · · · · · · · · · · · · · ·
Address: City: State: Zip: Email Address: Date of Birth:	
City: State: Zip:	Home Phone:
Email Address:	
Date of Birth:Emergency Contact:	_ Gender: Male Female
Emergency Contact:	
Emergency Phone: Phone _ E-mail _	
I prefer to be contacted by: □ Phone □ E-mail □	Postcard (for reminders)
	•
Occupation and/or Education:  □ Currently Employed □ Currently Not Work	
Current Employer: Wo	
Occupation: Wo	ork Phone number:
Highest Education Completed: Deg	gree(s):
Volunteer Interests: Why do you want to volunteer? Have you ever volunteered at a library? If yes, where and describe experience:	
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What is Your Availability:	
Day(s):  Time(s):  I am available as needed: □ Yes □ No  I prefer to have the same schedule every week/month: □ Yes □ No  Please indicate certain times/days you know you will not be available:  Please note: If you are interested in volunteering for the Books on Wheels Program, the site visists are prearranged and will be the same time on a biweekly basis.	
Skills:  Do you know how to use a computer?   Yes   No	
Are you familiar with:   Internet   Microsoft Word   Excel   Other	
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Please mark any of the following skills, abilities, or interests below that are applicable to you:	
<ul> <li>□ Previous Library Experience</li> <li>□ Data processing</li> <li>□ Typing or Word Processing</li> <li>□ Knowledge of the Dewey Decimal System</li> <li>□ Arts and Crafts</li> <li>□ Knowledge of/or Work with Historical Material</li> </ul>	
What special interests and or/skills do you have that may help us match you with the best volunteer assignment?	
References:	
Please provide a reference:   Personal   Professional	
Name:	
Phone: How long have you known this person:	
Applicant Signature: Date:	
For Library Staff: Assignment: Start Date:	
Supervisor:Comments:	