



Application Date: _____

APPLICATION FOR ADULT VOLUNTEER SERVICE

East Troy Lions Public Library

3094 Graydon Ave.

East Troy, WI 53120

Phone: 262-642-6262

www.easttroy.lib.wi.us

Last name: _____ First: _____ Middle: _____

Home/cell phone: _____ Work phone: _____

Email: _____

Address: _____

Date of birth: _____

Do you have a valid Wisconsin driver's license? Yes ___ No ___

License number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

I am a member of the Friends of the Library Yes ___

No ___ (please consider joining)



SKILLS AND INTERESTS:

Work experience: _____

Volunteer Experience: _____

Hobbies, Interests, Skills: _____

Physical Limitations: _____

Reason for seeking volunteer work: _____

EDUCATION (check highest level)

___ Elementary ___ High School ___ Technical School ___ Some college

College degree or professional training in _____

Availability:

When are you interested in volunteering? (Mark choices with an X.)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

I would prefer to be scheduled: ___ Mornings ___ Afternoons ___ Evenings

___ Special events only ___ On call

I would like to volunteer approximately _____ hours per week.

How long are you committing to volunteer?

3 months ___ 6 months ___ 1 year ___ other _____