

Volunteer Application: Woodward Public Library

118 S. Main, P.O. Box 510, Woodward, IA 5019

Last Name First Middle	Date																								
Address City State Zip Code	Contact Number Home Cell																								
Date of Birth	Email Address (if applicable)																								
Why are you interested in volunteering? <input type="checkbox"/> School credit <input type="checkbox"/> Person desire to volunteer <input type="checkbox"/> Other <input type="checkbox"/> Mandated community service – 3 hours required? <input type="checkbox"/> by (date):___	Have you volunteered for the library before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____																								
Availability: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Date</th> <th style="padding: 2px;">Sun</th> <th style="padding: 2px;">Mon</th> <th style="padding: 2px;">Tues</th> <th style="padding: 2px;">Wed</th> <th style="padding: 2px;">Thurs</th> <th style="padding: 2px;">Fri</th> <th style="padding: 2px;">Sat</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">From</td> <td style="padding: 2px;">X</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">To</td> <td style="padding: 2px;">X</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	From	X							To	X							Library Hours: Monday: 9-5 Tuesday:9-7 Wednesday: 9-5 Thursday: 9-7 Friday: 9-5 Saturday 9-12
Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat																		
From	X																								
To	X																								

Emergency Contact Information

Name _____ Phone _____

Relationship _____

Have you ever been convicted of a felony? No Yes

If yes, please explain:

Do you have any special talents, skills, or areas of interest?

Signature _____ Date _____

Parent or Guardian Signature (if under 18) _____

Reference

Name _____

Name _____

Phone _____

Phone _____

