

Genoa City Public Library Volunteer Application Form

Thank you for your interest in volunteering at the Genoa City Public Library! All of the information you provide will be kept strictly confidential, to be used for the volunteer program only. We will contact you if an opportunity that matches your skills and interests becomes available. If you are under 18, please discuss your interest in volunteering with a parent or guardian. You will need their permission to volunteer in the library.

Name _____ Date _____

Address _____

Phone _____ E-mail (optional) _____

School (if applicable) _____

Signature of Parent if under 18 _____

1. Have you done any volunteer work before? Please describe if so.

2. Please check any jobs that you are interested in or able to do:

___ shelf reading

___ making copies

___ dusting/ light cleaning

___ straightening/ facing shelves

___ local history

___ cleaning discs with our machine

___ craft preparation for story times

___ special events as needed

___ shelving CDs

___ decorating for holidays/ events

3. Please list the times you would be available for each day:

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

4. Please indicate the terms of your volunteer work here at the library:

Short-term recurring

Long-term recurring

Once

5. If short-term, please indicate the time frame you have in mind: