



Kewaskum Public Library Volunteer Application Form

Thank you for your interest in volunteering at the Kewaskum Public Library. All the information you provide will be kept confidential, to be used for the volunteer program only.

Name _____ Date _____

Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ (year optional if 18 or over)

Present or former employer (list school if student)

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

References (Not related to you)

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____



Kewaskum Public Library Volunteer Application Form

Please check the day(s) and time(s) you are available to volunteer:

Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Morning _____ Afternoon _____ Evening _____

How many hours per week would you like to volunteer? _____

I would like to volunteer in the following areas: *(You may choose more than one.)*

___ Program Assistance (circle preferred age) Children Teen Adult

___ Fundraising

___ Publicity

___ Light Housekeeping

___ Craft preparation / Create displays

___ Other (please specify _____)

Volunteer History

Have you had previous volunteer experience? **Yes No**

If “Yes”, please complete the following:

Name of Organization:

Volunteer experiences:
