

Batavia Public Library Adult Volunteer Application

(Please Print)

Date: _____

Name: _____
Last First Middle

Home Address: _____ City: _____ Zip: _____

Telephone: _____
Home Mobile

Email: _____

Notify in case of an emergency:

Name/Relation: _____ Telephone: _____

Name/Relation: _____ Telephone: _____

Skills:

List special skills, training, interests or hobbies:

List volunteer experiences:

Are you currently employed?

(application continues on back)

Availability:

Please check (√) the boxes below to indicate the hours and days you are available to volunteer:

	9:00 a.m.	10:00	11:00	12:00 p.m.	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

Other:

Do you have special needs that should be considered?

Why do you want to volunteer at Batavia Public Library?

Volunteer Signature

Date

Your interest in the Batavia Public Library is appreciated.

If you have any questions or concerns, please contact Lisa Moore, Volunteer Coordinator, by email at lmoore@bataviapubliclibrary.org by phone (630) 879-1393 ext. 330.

Start Date : _____
End Date : _____
Dept/Program: _____