



BIRDSEYE BRANCH LIBRARY

100 S St Rd 145, Birdseye, IN 47513
812-389-1030

Today's Date _____

VOLUNTEER APPLICATION

Name _____ Phone _____

Address _____

Are you age 16 or older? _____ YES _____ NO. If no, state your age _____

Are you related to anyone currently employed by the Library or on the Library Board? _____ YES _____ NO

If yes, state name and relationship _____

EDUCATION:

	Name of school/location	Did you Graduate?	Degree/Major
High school	_____	_____	_____
Business/Trade	_____	_____	_____
College/University	_____	_____	_____
Graduate/Professional	_____	_____	_____

Please indicate any graduate or undergraduate library science courses you have taken: _____

What day/s and time/s are you available to volunteer?

The suggested amount of time is 2 hours at a time, one time per week. However, this can be more or less depending upon your availability. Library is open Tuesday & Thursday 2:00 PM-6:00 PM and Saturday 10:00 AM-2:00 PM

Tuesday: _____

Thursday: _____

Saturday: _____

What day & time would be your first choice? _____ Second choice? _____

PERSONAL REFERENCES:

(Please list persons not related to you)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Summarize other special skills and qualifications acquired from employment or other experiences.

I authorize the Birdseye Branch Library to contact references listed above.

Signature of applicant _____ Date _____

Signature of parent/guardian if applicant under age 18 _____