



DUBOIS BRANCH LIBRARY

5506 E Main Street, Dubois, IN 47527

812-678-2548; Fax: 812-678-2549

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?

Mondays 10:00 -1:00 1:00 – 5:00 5:00 – 8:00

Tuesdays 10:00 – 1:00 1:00 – 5:00 5:00 – 8:00

Wednesdays 10:00 – 1:00 1:00 – 5:00 5:00 – 8:00

Thursdays 10:00 – 1:00 1:00 – 5:00 5:00 – 8:00

Fridays 10:00 – 1:00 1:00 – 5:00

Saturdays 10:00 - 12:00 12:00 – 2:00

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 Dubois Branch Library to contact references listed above.

Signature of applicant _____ Date _____

Signature of parent/guardian if applicant under age 18 _____