



# FERDINAND BRANCH LIBRARY

112 E 16<sup>th</sup> Street, Ferdinand, IN 47532

812-367-1671; Fax: 812-367-1063

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 Monday-Thursday 9:00 AM-8:00 PM and Friday-Saturday 9:00-5:00 PM

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

What day & time would be your first choice? \_\_\_\_\_ Second choice? \_\_\_\_\_

(Continued on reverse)

**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 Ferdinand Branch Library to contact references listed above.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian if applicant under age 18 \_\_\_\_\_