

Welcome

Volunteer Application Form



Name _____ Today's Date _____

Address _____

Phone # _____

Email Address _____

Name & Phone # of Person We Can Contact in Case of Emergency

Hours available to volunteer: Please \checkmark off the day of the week and indicate times

<input type="checkbox"/> Monday:	<input type="checkbox"/> Friday:
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> Saturday:
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> Sunday:
<input type="checkbox"/> Thursday:	<input type="checkbox"/> Seasonal:

If asked, would you drive your car for Library Volunteer Work? YES NO

Background checks will be conducted on volunteers for Homebound Book Delivery.
I agree to this: _____ (please initial)

Computer Skills: _____

Previous Volunteer or Work Experience: (please detail)

Do you have any previous Library Experience? YES NO If yes, please elaborate:

I have received, read, and understand of the Avon Free Library's Volunteer Policy YES NO

Thank you for your interest in the Avon Free Public Library.