



**AVON**  
FREE PUBLIC LIBRARY

## Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Availability (days and hours): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience (please include any library experience and any specialized skills): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you required to complete any community service hours by a certain date?

Yes\_\_\_\_ No\_\_\_\_ If yes, how many hours and by when: \_\_\_\_\_

I have received, read, and understand Avon Free Public Library's [Volunteer Policy](#)

Yes\_\_\_\_ No\_\_\_\_

*Please return this form to the Avon Library Administrative Office*