

**Volunteer Registration Form**

Mr./Mrs./Ms. \_\_\_\_\_  
(circle one) Printed Full Name

\_\_\_\_\_  
Address

U.S. Citizen or Legal Alien Yes No (circle one)

Under age 18 Yes No (circle one)

Phone Number \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_

What type of volunteer duties do you desire? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Available \_\_\_\_\_ Days of Week Available **M T W Th F Sat** Times Available \_\_\_\_\_  
(circle all that apply)

Special Skills \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Reference(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you wish any organization to receive credit for your time? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No (circle one)

Age if under 18 \_\_\_\_\_

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Library Director

\_\_\_\_\_

Date