



431 Lincoln St., Wamego, KS 66547 Phone: 785.456.9181 Fax: 785.456.8986

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## VOLUNTEER APPLICATION SRP 2014

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Why are you interested in volunteering at the library?

Tell us about your skills and how you can use them in the volunteer position:

Availability (please check all that apply):

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>					
<b>Afternoon</b>					
<b>Evening</b>					

Reference (Personal/School/Business):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. My signature authorizes Wamego Public Library to verify any of the information on this application and to secure employment-related information deemed from former employers or personal references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_