

HURLEY LIBRARYVolunteer Application

APPLICANT INFORMATION										
Name						Date				
Street A	ddress							Apartment#		
City	·				State			ZIP	·	
Phone					E-mail	Address				
Time Available (Please circle applicable)		Mornings		Afternoons		Evenings		Weekdays		Weekends
Experience										
Highest Level of Education Completed										
Work Experience (Please Describe):										
Areas of Interest										
Please circle your interests			Fundraising		Baking			Facilitating Special Programs		
Shelving Books			Books		Delivering books to shut-ins			Book Barn Sales		
Other:										
Special Talents to Offer: (ie. technology, crafts, fitness, etc)										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
I have read and agree to the terms of the Hurley Library Volunteer Policy.										
Signature								D	ate	