



Brownsville Community Library Volunteer Application

FOR OFFICE USE ONLY

- __ Starting Date _____
- __ Name Tag _____
- __ Explained Confidentiality Clause _____
- __ Add to Contacts _____
- __ Add to City Volunteer List _____

Name _____ Date: _____

Address _____ Mailing _____

Home Number _____ Cell Number: _____

Email _____

In case of emergency, please notify: _____

Emergency Contact Phone number(s): _____

EDUCATION

- Last grade completed _____ Degree _____
- I am currently a student at: _____
- I work/volunteer at: _____

Why would you like to volunteer? _____

When are you available? Please circle all that apply.

Tuesday Wednesday Thursday Friday

A.M. or P.M.

Physical Limitations: Please mention any difficulty with hearing, vision, bending, and lifting. Some jobs require this ability, others do not. _____

For Office: Date: _____

Counter

Inventory

Special Project