

Special interests/skills/hobbies: _____

I prefer volunteering: morning _____ afternoon _____ evening _____

On: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Why are you interested in volunteering at the library? _____

Please list a minimum of three Professional or Personal References

(Please do not list relatives)

Name	Address & Telephone	Number of Years Known

I hereby declare that the information provided by me in this application for volunteer service is true, correct and complete to the best of my knowledge.

Applicant signature

Date

Parent or Guardian signature

Date

Please return to:
Lynn Mercer, Human Resources, 220 N. 5th Street, Zanesville, OH 43701
or drop off at any MCLS location. Applications may also be faxed to
740-455-6937 or emailed to lynnm@muskingumlibrary.org

Please do not write in this space. For library use only.