



Name _____ Date _____

Address

City _____ Zip _____ Phone# _____

Is a group or organization sponsoring your volunteer service? If so, please list name of organization:

Name and phone # of your group or organization's coordinator or advisor:

If sponsored by a group or organization, how many volunteer hours per week are required?

Previous volunteer and/or paid employment experience:

[illegible]

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:

Samantha Maxwell, 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 samantham@muskingumlibrary.org

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