

Marion Public Library

Application for Volunteer Service

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____

Best time to phone? _____

Interests:

Skills:

Special Needs:

Availability/Preference:

_____ Regularly _____ Year Round _____ Weekdays

_____ On-Call _____ Summer Only _____ Weekends

_____ Project _____ Sept - May _____ Evenings

How many hours per week would you like to volunteer? _____

Would you like to be listed as an RSVP volunteer (if over age 60)? _____ Yes _____ No

Why do you want to volunteer?

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Sign & Date below:

*Print out this form and mail to:
Marion Public Library
1095 6th Avenue, Marion, IA 52302*