



417 Spruce Street :: Leavenworth KS 66048 :: 913.682.5666

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Phone Number _____ Email _____

Education *years completed* High School ___ Technical ___ College ___ Graduate _____

Current School Name & Address _____
If applicable

Current Employer Name & Address _____
If applicable

References or Former Employers

Dates Employed or Years Acquainted	Name	Address	Phone Number

Possible areas for volunteering in the library *circle what interests you*

Adult Services Youth Services Kansas Room

Why are you interested in volunteering at the library? _____

Start Date _____ Number of hours per week _____

Days & Hours Available *library hours: 9am to 9pm Mon-Thurs; 8am to 5pm Fri & Sat; 1 to 5pm Sun*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Signature _____

Signature of Guardian for Minor Volunteer _____