



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

Name	Address	Phone Number	Dates Employed or Years Acquainted

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

Adult Services   Youth Services   Kansas Room   Volunteer Income Tax Assistance (VITA)

Why are you interested in volunteering at the library? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Start Date \_\_\_\_\_ Number of hours per week \_\_\_\_\_

*Library hours: Mon-Thurs: 9 a.m. to 9 p.m.; Fri & Sat: 9 a.m. to 5 p.m.; Sun: 1 to 5 p.m.*

Days & Hours Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Signature \_\_\_\_\_

Signature of Guardian for Minor Volunteer \_\_\_\_\_