

KILBOURN PUBLIC LIBRARY
ADULT VOLUNTEER PROGRAM
APPLICATION FOR SERVICE

NAME:

(LAST)

(FIRST)

ADDRESS:

(STREET)

(CITY, STATE, ZIP)

1. I would like to work approximately _____ hours each month.
2. Please note the days of the week and time of day you would be able to volunteer your service. You will not be expected to work all times noted: the information is helpful to the librarians when preparing your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MORNING						
AFTERNOON						
EVENING						

3. I would like to be considered for placement in the following service areas:
(Please number your 1st, 2nd, and 3rd area of interest.)

___ Periodicals

___ Assist with Library Projects

___ Collection Maintenance

___ Computer Area

___ Inventory

___ Work with Children's Programs

___ Book Sales

___ Work with Adult Programs