Public Library of Mount Vernon and Knox County

Volunteer Application

Name: ____________________________
(last) (first) (middle)

Address: ____________________________
(street) (city) (zip code)

Home Phone: ____________________ Work Phone: ____________________

Contact in case of emergency:

(name) (relationship) (home phone) (work phone)

How did you become interested in our Volunteer Program?

________________________________________________________________________

Volunteer Experience: ________________________________________________________
________________________________________________________________________
________________________________________________________________________

May we celebrate your birthday? Day _______ Month __________

Are you a member of the Friends of the Library? Yes _____ No _____

How many hours per week do you wish to volunteer? ________________

The above information is accurate and correct to the best of my knowledge. I understand
this organization is not obligated to provide a placement, nor am I obligated to accept the
position offered. Services are donated and not given in anticipation of future employment.

Signature: ____________________________

Date: ____________________________

Please return this application to the Circulation Desk or mail it to:

Mrs. Jennifer Calabretta, Volunteer Coordinator
Public Library of Mount Vernon and Knox County
201 N. Mulberry Street
Mount Vernon, Ohio 43050

You will be contacted for a personal interview.

The Public Library of Mount Vernon and Knox County is an Equal Opportunity Employer