



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