

**DEL NORTE COUNTY LIBRARY DISTRICT
VOLUNTEER APPLICATION**

Name _____ DOB ____/____/____

Phone _____ Email _____

Address _____

Emergency Contact Person _____ Phone _____

How did you hear about us? _____

Have you worked in a library before, and if so, what did you do? _____

Special skills or hobbies: _____

Educational Experience (circle one): High school diploma / GED

College: years attended _____ Degree _____ Other _____

Have you tutored adult learners in the past, and if so, please describe your experience: _____

Other volunteer experience: _____

Days and Times Available: _____

Are there any restrictions that might restrict your volunteer activities? _____

References

Name	Relationship	Phone
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THANK YOU FOR YOUR INTEREST IN THE DEL NORTE COUNTY LIBRARIES!

Please return this application to the Library branch in which you would like to volunteer.

Signature of volunteer _____ Date _____

Parent/Guardian signature (if under 18): _____ Date _____