

**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 \_\_\_\_\_

