

## Antioch Public Library District Volunteer Application Form

Please Print Clearly Name:		Pres. Award Login: Date:	
City:			
Home Phone:	Cell Phone:	(	Other:
Emergency Contact:		Phone:	
Age Group: 14-17	18-26	27-49	50+
If Employed, Name of Emplo	oyer:		
Contact Number and Name of	f Supervisor:		
Do You Drive? Do You Have Access to a Car?			
Do You Have Liability Insur	ance for Uninsured Dr	vers?	
Special Skills:			
TypingOffice Computer ProgramsSigning			
SpanishFrenchOther Language			Other Language
Artistic	Artistic Detail Oriented People Friendly		
Other Skills:			_
Reason for Volunteering:			
a. School Re	lated (Organizations of	r School Required)	
b. Giving So	mething Back to the C	ommunity	
c. Workfare	(Hours Required to Re	ceive Welfare)	
	d (Employer Suggeste		
	ered (Teen Court, Juve		lt Hours)
f. Member o	f Friends of the Librar	У	
What Hobbies Do You Enjoy	<i>i</i> ?		
Please Check Available Days	and Times You Are A	vailable for Volur	teer Service at the Library.
Sunday Monday	Tuesday Wednesday	Thursday Frid	lay Saturday
Morning:		-	

Do You Have Any Special Needs or Conditions That We Might Need to Know About in Order to Place You in an Appropriate Volunteer Position?

## All Volunteers Will Be Expected to Sign In and Out On Our Volunteer Record Sheet. You Will Be Provided With a Volunteer Badge to Wear While Working.