



# ROBBINS

— LIBRARY —

## VOLUNTEER APPLICATION (18 and over)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Person we may contact in an emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone \_\_\_\_\_

Why do you wish to volunteer at the Robbins Library? What do you hope to accomplish by volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES:

Name	Relation to you (business/social)	Phone
1. _____	_____	_____
2. _____	_____	_____

Do you have any volunteer experience? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list the organizations and the type of work.  
\_\_\_\_\_  
\_\_\_\_\_

Days/times that are best for you:

	9-noon	12-3 p.m.	3-5 p.m.	5-9 p.m.
Mondays	_____	_____	_____	_____
Tuesdays	_____	_____	_____	_____
Wednesdays	_____	_____	_____	_____
Thursdays	_____	_____	_____	_____
Fridays	_____	_____	_____	_____
Saturdays	_____	_____	_____	_____

### Office use only:

CORI \_\_\_\_\_

Date contacted \_\_\_\_\_ Date of interview \_\_\_\_\_

Date of orientation \_\_\_\_\_