



Date \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

Reason for volunteering \_\_\_\_\_

Special skills or interests \_\_\_\_\_

\_\_\_\_\_

Volunteer work desired \_\_\_\_\_

\_\_\_\_\_

Dates and times available \_\_\_\_\_

Emergency contact name/phone \_\_\_\_\_

Reference name/phone (if volunteering with children) \_\_\_\_\_

\_\_\_\_\_

I understand and agree to follow the volunteer rules and procedures established by Perth & District Union Public Library and not to disclose any confidential information I may come into contact with.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date