

# Norfolk Public Library Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

School name \_\_\_\_\_ Current Grade \_\_\_\_\_

Do you have any previous volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: where, for how long, and what did you do? \_\_\_\_\_

Why do you think you would be a good volunteer? \_\_\_\_\_

Days you are available to volunteer:  
Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

What time(s) of day? \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact name and phone \_\_\_\_\_

**If under 18 please have a parent or guardian fill out the information below**

Parent name and phone(s) \_\_\_\_\_

Parent email \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's name \_\_\_\_\_