

Burkburnett Library Volunteer Application

NAME (Last, First, MI)

PHONE NUMBER

ADDRESS (Number and Street, City, State, Zip Code)

EMERGENCY CONTACT NAME AND PHONE NUMBER

Have you been a volunteer in this library before?

Yes _____ No _____

EDUCATION

Name of School

Elementary School

Jr. High School

High School

Graduation Date (actual or projected)

GPA _____

GPA _____

EMPLOYMENT/VOLUNTEER HISTORY

Employer: _____

Address: _____

Supervisor Name and Phone # _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for Leaving: _____

Burkburnett Library
Volunteer Application
Page 2

Employer: _____

Address: _____

Supervisor Name and Phone # _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for Leaving: _____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related skills, training, honors, awards and special accomplishments

REFERENCES (Exclude relatives and former employers)

	Name	Phone #	how do you know this person?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?

 Tuesday Wednesday Thursday Friday Saturday

Burkburnett Library
Volunteer Application
Page 3

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS VOLUNTEER APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS IS A VOLUNTEER POSITION ONLY AND DOES NOT INCLUDE BENEFITS OR WAGES.

Signature

Date

I HAVE REVIEWED THE ABOVE APPLICATION AND I AM ALLOWING MY CHILD TO BE A VOLUNTEER AT THE BURKBURNETT LIBRARY.

Signature of Parent or Guardian
(if volunteer is under the age of 16 years old)