

POQUOSON PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

Thank You for your interest in working as a volunteer at the Library. Please complete this form and return it to the circulation desk.

Name: _____ Date: _____

Address: _____

Telephone (H): _____ (W): _____

Educational
Background: _____

Work
Experience: _____

Special
Interests: _____

Special
Skills: _____

Health: Medical Contact Person: _____

Phone: _____

Check any days and/or times you would be available.

Monday	_____	9-12	-----
Tuesday	_____	12-3	_____
Wednesday	_____	3-6	_____
Thursday	_____	6-9	_____
Friday	_____		
Saturday	_____		

Applicant Signature: _____

Date: _____