

Citizens Library Volunteer Application

55 S. College Street
Washington, PA 15301
724.222.2400

VOLUNTEER APPLICANT INFORMATION

Last Name		First Name		MI
Home Phone	Cell Phone		Birth Date (optional)	
Address				
City		State	Zip Code	
Email Address				

EMERGENCY CONTACT INFORMATION

Name		Relationship	
Home Phone		Cell Phone	

AVAILABILITY

MON	TUE	WED	THU	FRI	SAT
MORNING		AFTERNOON		EVENING	

TYPE OF VOLUNTEER

Shelving	Shelf-Reading	Sorting Book Donations
Other (Please Specify)		

QUESTIONNAIRE

Have you ever been convicted of a crime (other than a traffic violation)? If yes, please explain.
Previous library experience
Special skills / hobbies

Signature	Date
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