



431 Lincoln St., Wamego, KS 66547 Phone: 785.456.9181 Fax: 785.456.8986

VOLUNTEER APPLICATION

Name _____ Date of birth ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Why are you interested in volunteering at the library?

Tell us about your skills and how you can use them in the volunteer position:

Availability (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Reference (Personal/School/Business):

Name _____ Phone _____

Address _____

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. My signature authorizes Wamego Public Library to verify any of the information on this application and to secure employment-related information deemed from former employers or personal references.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____