

WASATCH COUNTY LIBRARY VOLUNTEER APPLICATION

Upon completion of this form, it will be sent to the Wasatch County Library Director which may take up to one week for review. Once it is reviewed, you will be contacted regarding opportunities and times to serve. **PLEASE NOTE: VOLUNTEERING AT THE WASATCH COUNTY LIBRARY CANNOT BE USED FOR COURT APPOINTED COMMUNITY SERVICE.**

YOU MUST BE 14 YEARS OF AGE OR OLDER TO VOLUNTEER AT THE LIBRARY.

Name: _____ Date: _____

Address: _____

Phone: _____ Birth date: __/__/__ E-Mail: _____

Driver's License Number: _____

If you are a student, please indicate which school you attend: _____

What type of library service position are you interested in? _____

Skills, training or knowledge you wish to share with the Wasatch County Library: _____

Previous volunteer experience: _____

Why do you want to volunteer at the library? _____

Please indicate if you speak a foreign language? _____

Work availability is scheduled in approximately two-hour shifts. Please check possible times below.

*Saturday the library closes at 1:30pm

	Monday	Tuesday	Wednesday	Thursday	Friday	*Saturday
10:00-12:00						
12:00-2:00						
2:00-4:00						
4:00-6:00						
6:00-8:00						

I verify that the above information is correct and that I have read and agree to the Volunteer Policy.

Signature: _____ Date: _____