

**LYNCHBURG PUBLIC LIBRARY
VOLUNTEER APPLICATION**

NAME _____

ADDRESS _____

GRADE _____ ZIPCODE _____

PHONE NUMBER home _____ work _____

Work experience and dates _____

Have you volunteered for anyone in the Lynchburg area? If yes, who and when?

May we contact your past employers or volunteer supervisors? _____

Why are you interested in becoming a library volunteer? _____

When are you available to volunteer? Day/days of the week _____

Hours _____

REFERENCES: Name _____

Address _____

Phone number _____

Name _____

Address _____

Phone number _____

Any individual, without regard to race, creed, sex, age, income level, handicapping condition, and national origin is eligible to be considered for participation in volunteer activities of the library, and to have his/her application reviewed for an appropriate job assignment.

Signature Date

Questions? Call Melody Carlton Volunteer/Outreach Coordinator
455-6306