

Volunteer Application Midland County Public Library



You make the difference!

Name: _____ Today's Date: _____
Last First

Address: _____
Street City Zip

Telephone: _____ Birthday (Month/Day): _____

Email: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Telephone: _____ Alternate Phone: _____

Are you currently employed? Yes No If so, where? _____

Day(s) available to volunteer: Monday Tuesday Wednesday Thursday Friday

Time available: ___ 9:00am to 1:00pm ___ 1:00pm to 5:00pm Other _____

Do you have any physical conditions to be considered in your placement? Yes No

If so, please describe: