

Volunteer Application

PLEASE PRINT	:							
Name		Date of Birth						
First	Middle Initia	Middle Initial		Last		Month	n Day Year	
Address								
		_			City	State	Zip	
				s				
What's the best v	way to contact you? 🗆 Ph	none □ E-mail	1)					
Emergency contact				Phone				
					PIIOI	ie		
Ir.	e you <u>available</u> ? (Ple	-			T I I .	Test.		.1
Sunday	Monday	Tuesday	wear	nesday	Thursday	Friday	Saturo	aay
		progi □ Coi sort	Children's Services: craft preparation, cleaning, program assistance, or general office tasks Community and Access Services: collection inspection sorting, straightening, cleaning, or Welcome Desk Development Office: Book End store, book sorting pecial book sales, or data entry Teen Services: straightening, cleaning, tutoring, idea programming, outreach, or tours					
				□ Tee	en Services: <i>str</i>	aightening, cleani	ng, tutori	ing, ideo
	f your volunteer hour volunteer for Personal	-		□ Tee	en Services: <i>str</i>	aightening, cleani	ng, tutori	ing, ideo
□ 8 th Grade v	•	Development	t class	□ Tee progi	en Services: str ramming, outre	aightening, cleani each, or tours		

Return this application to the Volunteer Assistant, 123 S. Linn St., Iowa City, IA 52240.

Applicant Signature

The Iowa City Public Library is committed to supporting the Americans with Disabilities Act and will make reasonable accommodations for people with disabilities who are interested in volunteering. The Library does not accept volunteers who are listed in the Iowa Sex Offender Registry.

Parent Signature (if applicant is under 18 years old)