

LA PORTE COUNTY PUBLIC LIBRARY ADULT VOLUNTEER APPLICATION

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DO YOU HAVE ANY HEALTH LIMITATIONS WHICH WOULD RESTRICT YOUR  
VOLUNTEER ASSIGNMENT OR LIMIT YOUR ACTIVITY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOUR ANSWER IS YES, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT DAYS ARE YOU AVAILABLE TO VOLUNTEER?

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat

WHAT PART OF THE DAY ARE YOU AVAILABLE TO VOLUNTEER? PLEASE  
CIRCLE ONE OR MORE:

MORNING

AFTERNOON

EVENING

ANY TIME

PLEASE CHECK ALL LOCATIONS YOU WOULD LIKE TO ASSIST IN:

- \_\_\_\_\_ MAIN ADULT
- \_\_\_\_\_ MAIN CHILDREN
- \_\_\_\_\_ MAIN AUDIOVISUAL
- \_\_\_\_\_ MAIN TECHNICAL SERVICES
- \_\_\_\_\_ EXTENSION SERVICES (NURSING HOMES, HOSPITAL,  
HOMEBOUND DELIVERY)
- \_\_\_\_\_ BRANCH (COOLSPRING, FISH LAKE, HANNA, KINGSFORD HEIGHTS,  
ROLLING PRAIRIE, UNION MILLS)
- \_\_\_\_\_ NO PREFERENCE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE LIST BELOW TWO OR THREE PERSONS THAT WE CAN CONTACT IN  
CASE OF AN EMERGENCY:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_