

Student Volunteer Service Application

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____ School _____ Grade _____

In case of emergency, notify:

Name _____ Phone _____ Alt. Phone _____

Do you regularly use the Library? Yes _____ No _____

Have you volunteered before? Yes _____ No _____

If so, when, where, and in what capacity? _____

What motivated you to apply at the Library? _____

Please list work experience/community group affiliations: _____

What do you hope to receive from your volunteer experience? _____

What programs are you involved in at school? _____

Please list hobbies, skills, special training, or special interests. Please be specific. _____

With what types of computers have you worked? _____

Possible times for volunteering (state hours): Mon. _____ Tues. _____

Wed. _____ Thurs. _____ Fri. _____

Sat. _____ Sun. _____

I certify that the information on this application is complete and correct to the best of my knowledge. I authorize the Wichita Public Library to utilize this information in determining my volunteer placement. The selection and placement of volunteers will be without discrimination on the basis of race, color, religion, sex, ancestry, or physical handicap.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Please complete and mail to Volunteer Manager, Wichita Public Library, 223 S. Main, Wichita, KS 67202

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For Office Use Only: Date of Interview _____ Interviewer _____ Placement _____

Comments: _____
