



DOUGLAS COUNTY LIBRARIES VOLUNTEER APPLICATION

Last name

First

Street Address

City

Zip Code

Telephone (home)

Telephone (work)

Cell

E-mail Address

Library preference:

- Highlands Ranch Library
- Neighborhood Library at Lone Tree
- Louviers Library
- Parker Library
- Philip S. Miller Library, Castle Rock
- Neighborhood Library at Roxborough

Education:

- Elementary School
- Middle School
- High School
- College
- Professional training in:

Availability:

Days	Hours
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

How many hours a week are you interested in volunteering? _____

Are you volunteering as a graduation requirement? Yes No Anticipated graduation date _____

♦ As a volunteer for the library, what do you think you would most enjoy doing?

♦ List any past volunteer / work experience that you feel might be useful to us:

♦ List any interests, hobbies, activities that would be helpful to us in placing you in a volunteer position:

♦ How did you hear about volunteer opportunities with our library district?

In case of an emergency, whom should we call? _____
(name & phone)

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time.

Signature: _____ Date: _____

References: Please print neatly, two references from within Douglas County, who are not relatives.

1. _____

2. _____

Name

Daytime phone number

Relationship

Completion of parental permission form is required of any volunteer applicant under 14 years of age.

Please complete and return to your Branch Volunteer contact or mail to:

VOLUNTEER SERVICES DEPARTMENT
DOUGLAS COUNTY LIBRARIES
100 S. WILCOX - CASTLE ROCK, CO 80104