



# Volunteer Application

Volunteers are important! Thank you for thinking of the library.  
Please bring this completed form to your scheduled training. If you have  
any questions, please call your local library or email [volunteers@myACPL.org](mailto:volunteers@myACPL.org).

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list two personal references:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (ie friend, spouse, relative, employer/employee): \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (ie friend, spouse, relative, employer/employee): \_\_\_\_\_

Emergency Contact (*OPTIONAL*):

The following information will be kept on file. In case of emergency, library employees will have access to this information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Conditions: \_\_\_\_\_

Preferred Physicians(s) and/or Hospital

Doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

On the back, please tell us about yourself. Describe any previous volunteer or work experience and talk about your life, your personality, etc. so we can have a better picture of you and help make your time volunteering a rewarding experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature (if age 17 or under): \_\_\_\_\_