



Ozark Regional Library

VOLUNTEER APPLICATION

I am interested in volunteering at the _____ branch

Name _____ Date _____

Address _____

City/State/Zip _____ Home Phone () _____

Work Phone () _____ Cell Phone () _____

Birthday _____ Email _____

Driver's License # _____ State _____ Expires _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Education: Last year of school completed (1-12) _____ High School Diploma or GED? _____

College _____ Training or certifications _____

Do you have any medical conditions your supervisor should be aware of? _____

Have you ever been convicted of a crime? _____ If yes, please give a short explanation including date, nature, and place of offense and disposition. Do not include traffic violations or convictions sealed or annulled by the court _____

Reference: List two employers, supervisors, teachers, or non-relatives we may contact for a reference

Name _____ Phone _____

Name _____ Phone _____

List skills, training, special interests, or hobbies _____

Do you fluently speak another language? What language? _____

Approved by _____ Date _____