

VOLUNTEER APPLICATION FORM

Boyle County Public Library
307 W Broadway St, Danville, KY 40422
(859) 238-7323



All volunteers must be at least 18 years of age.

Date: _____

Please Print Name:

Address: _____

Email: _____

Best Contact Number(s): _____

Emergency Contact Name: _____ Phone: _____

Education (highest level completed): _____

Previous Volunteer Experience: _____

Why do you want to volunteer at the library? _____

If you must fulfill a community service requirement, how many hours do you need? _____

Please describe your skills and special interests: _____

Availability (please circle):

- Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
- Mornings (9:30-12:00); Afternoons (12:00-2:30) or (2:30-5:00); Evenings (5:30-8:00)

Please list a reference we can call (not a family member):

_____ Phone: _____

Signature of Applicant: _____

Thank you!