

Edith B. Siegrist Vermillion Public Library



EDITH B. SIEGRIST
VERMILLION PUBLIC LIBRARY

Volunteer Interest Form

* Not an application for employment

PERSONAL DETAILS

First Name:	Last Name:
Address:	Daytime Phone:
	Cell/Evening Phone:
	Email:
Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/> (Parent signature required if under 18)	

YOUR ROLE AS VOLUNTEER

Please explain your interest in volunteering for the library, and any relevant skills you possess.

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 8 am - 12 pm							
Afternoons 12 pm - 5 pm							
Evenings 5 pm - 9 pm							

How long do you anticipate volunteering for?	Weeks:		Months:		Ongoing:	
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REFERENCE

Name:	Phone:	Relationship:	Years Known:
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Return this form to the Circulation Desk at the Edith B. Siegrist Vermillion Public Library, 18 Church Street, Vermillion, SD 57069.

Signature: Date:

Parent Signature (Required if applicant is under 18 years old):