



Wood River Public Library Adult Volunteer Application

Please note that all applications expire at the end of August each calendar year.

Contact Information

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____

Volunteer Interests/Skills

- Assisting with children's programs
 Shelf reading (making sure items are in the correct order)
 Craft prep (cutting out items, copying, etc.)
 Other: _____

Emergency Contact (must be 18 or older)

Name/Relationship: _____ Phone: _____

If you are interested in shelf reading, please indicate dates/times you are available. The circulation manager will contact you to schedule a time to volunteer.

I wish to volunteer at Wood River Public Library. By signing this application, I acknowledge that any duties I perform as a volunteer is done without compensation and at my own risk. I acknowledge that Wood River Public Library does not carry insurance which covers me in the case of accidental injury. I understand that Wood River Public Library may perform a background check on adult volunteers.

Signature: _____ Date: _____