



Application for Volunteer Service

Name _____ Birthday (month/day) _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Age Categories (check one)

_____ Teen

_____ Adult

Personal References (Please give two references with phone numbers, preferably from the local community, who are not a relative.)

1. _____

2. _____

Please state in two or three sentences why you would like to volunteer at the Marysville Public Library:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of the references found on this application. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Signature _____ Date _____

Parental Permission

If you are under 16, please have a parent/legal guardian sign the following permission form:

I (print) _____ grant permission for (print) _____
to volunteer at the Marysville Public Library.

Parent/Legal Guardian Signature _____ Date _____