

Willingboro Public Library  
Application to Volunteer

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Age if under 18 \_\_\_\_\_

Signature of Parent or Guardian if under 18 \_\_\_\_\_

Are you volunteering to fulfill a community service requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Agency Requiring Service \_\_\_\_\_

Number of Hours Required \_\_\_\_\_

What type of volunteer work are you interested in  
doing? \_\_\_\_\_  
\_\_\_\_\_

What department are you interested in volunteering in? Would you like to volunteer for  
the Friends of the Library also? \_\_\_\_\_

.....  
For administrative use:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Reason if disapproved \_\_\_\_\_

Assigned to \_\_\_\_\_