

THE BROWN COUNTY PUBLIC LIBRARY

Fayetteville-Perry

Georgetown

Mt. Orab

Sardinia

VOLUNTEER PROFILE

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

HOME PHONE: _____ **EMAIL:** _____

BEST TIME TO CALL: _____

PRESENTLY EMPLOYED? Yes No **BIRTHDAY** (month/day) _____

VOLUNTEER WORK INTERESTS (check all that apply)

- with children with homebound lawn/garden
- with young adults with institutions carpentry/mechanics
- with elderly office work computers
- with handicapped processing materials other (specify)

SPECIAL INTERESTS AND SKILLS: _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

Do you drive? Yes No

Do you have liability insurance? Yes No

Is a car available? Yes No

Do you have a valid driver's license? Yes No

AVAILABILITY:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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In case of emergency contact: _____

Name

Relationship

Address

Phone

PERSONAL REFERENCES: Please list 2 persons

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Applicant's Signature

Date

Signature of parent/guardian, if applicant is under 18 years of age

Date