Lawrence Public Library
Volunteer Application

Name: Last First Middle

Address: _____
Street Apt. Number

_____
City State Zip Code

Telephone: _____

E-Mail Address: _____ Date: _____

Work Experience: 1. _____

2. _____

Education: _____
High School Year completed

_____
College or University Year completed Degree

_____
Other (Please specify) Year completed Certificate

Special skills or Interests: _____

Reason for volunteering: _____

Emergency Contact: _____
Name Relationship Telephone

Reference: _____
Name Relationship Telephone