

PENN YAN PUBLIC LIBRARY
VOLUNTEER PROGRAM APPLICATION

DATE: _____

NAME: _____
 last first middle

ADDRESS: _____
 street

 city state zip

TELEPHONE: _____
 home business

EDUCATION: _____

SPECIAL INTERESTS AND SKILLS: _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

DAYS AND HOURS
AVAILABLE: _____

VOLUNTEER WORK DESIRED: _____

PARENT OR GUARDIAN SIGNATURE (if under 18) DATE
