Thomas Crane Public Library
Adult Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ Email: _____

Languages You Read: _____ Languages You Speak: _____

Education (highest level completed) _____ **Volunteer/Work**

Experience (where, for how long, and what did you do?):

Skills & Special Interests

Physical Limitations (for some jobs)

Personal/Volunteer References (give two people who are not relatives):
        Name Relationship Daytime Phone # 1.

_____ 2.

_____

Emergency Contact Information

 Name: _____ Phone: _____

We are required to conduct CORI (Criminal Offender Record Information) checks on all volunteers, regardless of age. Accepted volunteers will be given a separate CORI form requiring date of birth and the last six digits of their social security number.

Signature of Applicant: _____ Date: _____

Rev June 2021