



# Volunteer Application

Volunteers are important! Thank you for thinking of the library. Please bring this completed form to your local library or email it to [volunteers@MyACPL.org](mailto:volunteers@MyACPL.org). You will be contacted about available opportunities.

Your name (please print): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list two personal references—

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact information—

Do you have any conditions we should know about (use back if necessary)?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please tell us about yourself—

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's signature if age 17 or younger