



VOLUNTEER APPLICATION

Klamath County Library
126 South 3rd Street – Klamath Falls, OR 97601
541-882-8896

Date _____

APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Work) _____ E-Mail _____
In Case of Emergency Contact: Name _____ Phone: _____
Parent/Guardian Signature (if under 18 years of age) _____
Date of Birth _____

List any physical limitations you have that we should consider when matching you with volunteer jobs.

To help us offer you the best volunteer experience, please write a short paragraph stating why you wish to volunteer at the library. Be sure to note any special skills or training you have. e.g computers, languages, filing. You may attach a separate sheet if necessary.

CURRENT OR MOST RECENT EMPLOYER (IF APPLICABLE)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

REFERENCE

(not a family member or current employer)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

MIDDLE INITIAL

FIRST NAME

LAST NAME