

Champaign County Library Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	

Availability

During which hours are you available for volunteer assignments?

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

Special Skills or Qualifications

Summarize any special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	