

Application Date: \_\_\_\_\_

## APPLICATION FOR ADULT VOLUNTEER SERVICE

Oregon Public Library  
256 Brook Street Oregon, WI 53575  
608-835-3656 www.oregonpubliclibrary.org

### APPLICANT INFORMATION:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Do you have a valid Wisconsin driver's license? Yes \_\_\_ No \_\_\_  
License number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a member of the Friends of the Oregon Library Yes \_\_\_  
No \_\_\_ (please consider joining)

### SKILLS AND INTERESTS:

Work experience: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Reason for seeking volunteer work: \_\_\_\_\_

### EDUCATION (check highest level)

\_\_\_ Elementary \_\_\_ High School \_\_\_ Technical School \_\_\_ Some college

College degree or professional training in \_\_\_\_\_

