

# Wakulla County Public Library

## Volunteer Enrollment Form

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (daytime) \_\_\_\_\_

(evening) \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

What experience/background would you like to use in volunteer work?

\_\_\_\_\_

How did you hear about the Wakulla County Volunteer Program?

\_\_\_\_\_

What is your preferred work schedule?

*Library hours are:*

*Tues & Thurs. 9AM – 8PM, Wed. & Friday 9AM – 6PM, Saturday 9AM – 1PM*

Hrs Avail.	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Evening					

Career/Volunteer Experience:

\_\_\_\_\_

Talents, Languages, Skills, and/or Hobbies:

\_\_\_\_\_

**Trained volunteers are an invaluable resource during times of disaster/emergency.**

Would you be willing to help out in your community in the event of a disaster? Yes  No

May we refer your name to the American Red Cross for follow-up? Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_