

Hyannis Public Library
Volunteer Application

Date_____

Please print

Name_____

Last First

Mailing address_____

Telephone _____ Email address_____

Work experience (applicable to library work. Include volunteer work.)

Knowledge or special skills which would help the library

Do you have computer skills? Yes___ No___

Please list any hobbies or other special interests

Days you are available?

	MORNING	AFTERNOON	EVENING
MONDAY	_____	_____	
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	

THURSDAY	_____	_____	
FRIDAY	_____	_____	
SATURDAY	_____	_____	

When can you start? _____

I grant permission to the Hyannis Public Library to contact the references I have written on this application. I hereby certify that the facts set forth in this Volunteer application are true and complete to the best of my knowledge.

Signature _____ Date _____