

Oxford Public Library
Volunteer Application (ages 15 and up)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email _____ **Phone:** _____

Contact (in case of emergency) _____ **Phone** _____

Interests and hobbies:

Why do you want to volunteer?

Please write in days and time(s) you are available:

How many hours per week would you like to volunteer? _____

Approximately how long are you willing to volunteer?

_____ 3 months _____ 9 months _____ not sure, but less than a year

_____ 6 months _____ 1 year _____ not sure, but probably more than a year

Signature (parent/guardian if applicant is under 18)

Date