

Douglas County Public Library
Volunteer Application

Date _____

Name _____ Telephone _____

Mailing Address _____
Street or PO Box *City* *State* *Zip*

Email Address: _____ Signature _____

In case of emergency, contact:

Name _____ Telephone _____

Relationship _____

Available to volunteer:

Day (Mon – Sat) _____ Hours _____

Special Skills _____ Restrictions? _____

Staff Only: Volunteer Form: _____ Time Sheet: _____ Staff Supervisor: _____

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