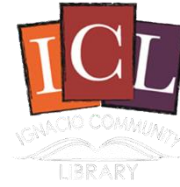


Ignacio Community Library
470 Goddard Ave.
Ignacio, CO 81137



VOLUNTEER FORM

Last Name: _____ First Name: _____

Address: _____ City/State _____

Phone: _____ E-mail: _____

Emergency Contact Person:

Name: _____ Phone: _____

Name: _____ Phone: _____

Availability: Mon Tues Wed Thu Fri Sat Sun

Morning _____

Afternoon _____

Evening _____

Volunteer Experience:

Do you have any physical limitations which we need to accommodate? _____

Circle areas in which you are most interested:

Arts/Crafts Storytime Publicity Special Projects Shelving

Fundraisers

Special Events

Summer Reading

The confidentiality policy of the Ignacio Community Library protects the privacy of all users of both on site and digital library services.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's signature: _____ Date: _____