



Volunteer Application
Solon Public Library

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Email (not school email, if checked regularly): _____

Emergency Contact Name: _____ Phone: _____

Please list times you are available to volunteer.

Our volunteers work 1 hour per week. Available Library volunteer hours are Monday – Thursday 9:30 am – 6:00 pm and Friday 9:30 am – 4:00 pm.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Applicant's signature: _____

Parent's signature (if under age 14): _____

Once a schedule is set, please let us know if you will not be able to fulfill your volunteer time for the week.

For questions and to set a schedule, please contact us via email
staff@solon.lib.ia.us