

## Adult Volunteer Application Solon Public Library

| Date:   |                                |
|---|--------------------------------|
| Name:   |                                |
| Address:  |                                |
| Phone: Cell:  |                                |
| Email (if checked regularly):   |                                |
| Emergency Contact:  |                                |
| Please indicate your goal:  |                                |
| to volunteer once a week  |                                |
| to volunteer once a month   |                                |
| to volunteer as needed  |                                |
| to fulfill a court ordered commu  | unity service.                 |
| How many hours wh   | nen do they need completed by? |
| Please list times you are available to volu                                     | nteer:                         |
| Our volunteers typically work 1 hour per are Monday – Thursday 9:30 am – 6:30 p | •                              |
| Monday:   | -                              |
| Tuesday:  | -                              |
| Wednesday:  |                                |
| Thursday:   | -                              |
| Friday:   |                                |
| Saturday:   | (Special programs only)        |
| Annlicant's signature:  |                                |

What to expect...

## As a Volunteer:

- Volunteer 1 2 hours each week in the library
- You will be assigned special tasks by library staff. We will provide training and make sure that you know what is expected.
- After consultation with the library director, we will make note of the types of activities we will have available and what you would enjoy doing the most.

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

If you would like more information or have questions please contact Liz King, Library Director in the library or by phone 319-624-2678 or email: lking@solon.lib.ia.us.