



DES MOINES
PUBLIC LIBRARY
Adult Volunteer Application

Name: _____

Address: _____

Email: _____

Birthdate: _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____

| Available: | Mornings | Afternoons | Evenings | | | |
|-------------------|-----------------|-------------------|-----------------|--------------|-------------|-------------|
| | Mon. | Tues. | Wed. | Thur. | Fri. | Sat. |

Location: **Central** **East** **Forest** **Franklin** **North** **South** **Technical Services**

Availability Notes:

Special Skills: (such as typing, data entry, library experience, etc.)

Work Experience: _____

Emergency Information:

In case of emergency, notify: _____ **Phone:** _____

Doctor's name: _____ **Phone:** _____

Library use only: **SOR:** _____ **IDC:** _____ **Horizon:** _____