



500 Olde Towne Road, Rochester, MI 48307  
(248) 650-7179

# Volunteer Application

*DEDICATED TO HELPING THE ROCHESTER HILLS PUBLIC LIBRARY*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Interests/Skills: \_\_\_\_\_

\_\_\_\_\_

Birthday: \_\_\_\_\_

Prior Volunteer/Work Experience: \_\_\_\_\_

\_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Manager Use:**

Date Started: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_