



**CHURCHILL
COUNTY
LIBRARY**
FALLON, NEVADA

Application for Volunteer Service

Churchill County Library

(an equal opportunity employer)

PERSONAL INFORMATION - PLEASE PRINT ALL INFORMATION

Today's Date _____

Name

Last

First

Middle Initial

Nickname

Present Address

Street

City

State

Zip

Phone Numbers

Cell ()

Home ()

JOB INTEREST

Position (All positions may not be available. Please number by interest.):

___ Book/Audio Visual Mender

___ Shelving/Shelf Reading

___ STEAM

___ Book/Audio Visual Processor

___ Special Events/Fundraising

___ General Duties

___ Children's Area Cleanup

___ Story Time

Available days and times: Mon ___ Tue ___ Wed ___ Thur ___ Fri ___ Sat ___

List any special qualifications:

List any special work needs (health, lifting, etc.):

REFERENCES: Give below the names of two persons not related to you, whom you have known at least one year. One MUST be a personal reference and one MUST be a teacher/professional reference with telephone numbers for both.

Name	Telephone Numbers	Occupation	Years Acquainted with You
1.	Cell Work		
2.	Cell Work		

CONTINUED ON REVERSE SIDE

