

# St. Charles City-County Library District

77 Boone Hills Drive

St. Peters, MO 63376

636 - 441 - 2300 ext 1596

## Volunteer Application

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Emergency Contact Phone** \_\_\_\_\_

**Date of Birth: if under 18 - include month, day & year (June 4, 1985)** \_\_\_\_\_

**Name of school attending** \_\_\_\_\_

**Date of Birth: if over 18 - include month & day (June 4)** \_\_\_\_\_

**General Hobbies and Interests** \_\_\_\_\_

**Previous Volunteer** \_\_\_\_\_

**Days and Times Available to Volunteer** \_\_\_\_\_

**Preferred Branch Location** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parental/Guardian Signature (under 18 only)** \_\_\_\_\_



