



Ellsworth Public Library
312 West Main Street
Ellsworth, WI 54011
715-273-3209
www.ellsworthlibrary.org
Student Volunteer Application

This section must be completed

Name: _____

Daytime Phone: _____

Address: _____

City: _____ **Zip:** _____

Age: _____ **Grade:** _____

Email Address: _____

Parent/Guardian Name and phone #: _____

Emergency contact name and phone #: _____

(If parent is not available)

Why do you want to be a volunteer?

Do you have transportation to and from the library?

When are you available?

Circle days: M T W R F Sa Specific Times:

School Year, Summer or Both?

Special areas of interest related to the library (see 'Possible Volunteer Roles' in the EPL Volunteer Policy).

This section must be completed with both signatures

Volunteer Signature _____ **Date** _____

Parent Signature _____ **Date** _____