



VOLUNTEER APPLICATION

NAME _____
Last First Middle Phone number

ADDRESS _____
Number Street City, State Zip Code

Are you volunteering to complete a program/project/court-ordered* community service? ____ Yes ____ No
***Notice:** For court-ordered community service, only Twin Falls County applications will be considered.

If yes, please explain (i.e. how many hours do you need, do you have a deadline, etc.). _____

In which department(s) are you interested? Technical Services Youth Services Reference Department

EDUCATION AND EMPLOYMENT HISTORY: List High School or Colleges attended/attending, grade completed or type of degree received, and/or past work experience.

COMMENTS/SKILLS: List any comments or skills that are applicable.

REFERENCES: List persons known, but **not related**, to you for at least one year.

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature of Applicant

Date

If under 18 years of age, please complete the following section:

AGE ____ GRADE ____ SCHOOL _____

I am willing to have my son/daughter work as a volunteer at the Twin Falls Public Library.

PARENT'S SIGNATURE _____