

Bogota Public Library Volunteer Application Form-Adults 18+

Full Name _____

Age _____

Email Address _____

Phone _____

Address _____

City/State/Zip Code _____

How much time are you willing to commit? (Max 3 hours a week, 1 hour a day) _____

Briefly Describe Your Previous Volunteer Experience

Briefly List Any Special Skills or Interests You Have In Volunteering Here:

Please List 3 References (**Not a family Member**) with name and contact information

If you have any further questions please feel free to email:

Tommy Skrnich Tommy.Skrnich@Bogota.BCCLS.org