



Chillicothe & Ross County Public Library

Adult Volunteer Application

Adult Volunteer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Days & Time Available: Mon am pm Tues am pm Wed am pm Thurs am pm Fri am pm Sat am pm

Select Location: Main Frankfort Kingston Mt. Logan Northside Paxton Richmond Dale S. Salem

Why are you interested in volunteering at the library? _____

Have you ever worked for the library? YES NO If yes, when? _____

References

Please list three professional/personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Signature: _____ Date: _____