



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

Name: _____

Daytime Phone: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Emergency contact name and phone #: _____

Why do you want to volunteer at the library?

What previous volunteer experience do you have?

Do you have transportation to and from the library?

When are you available?

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

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

Volunteer Signature _____ **Date** _____