



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

Phone: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Age if under 18: \_\_\_\_\_

Are you interested in a specific volunteer opportunity?

Have you previously volunteered with the Marvin Memorial Library?

Please describe volunteer work you have done with another organization(s).

Please list skills or education that you possess which may be useful as a volunteer.

Why do you want to volunteer at the Marvin Memorial Library?

Please list days of the week and times that you are available to volunteer.

Completion of this form does not guarantee immediate volunteer opportunities.  
Volunteers ages 14-17 will be required to complete a Parental/Guardian Consent Form.  
Please note that volunteer candidates ages 18 and older may be asked to complete a background check prior to providing any volunteer service for the Marvin Memorial Library.