

SANTA ANA PUBLIC LIBRARY  
26 CIVIC CENTER PLAZA  
SANTA ANA, CA 92701  
(714) 647-5288

**VOLUNTEER APPLICATION (2011)**

DATE \_\_\_\_\_

(PLEASE PRINT OR TYPE)

NAME \_\_\_\_\_ PHONE (Res.) \_\_\_\_\_ PHONE (Bus.) \_\_\_\_\_  
Last First Initial

ADDRESS \_\_\_\_\_ DR. LIC. NO. \_\_\_\_\_  
Street City Zip Code

SCHOOL/GRADE (If student) \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
(Day/Month/Year)

**EMERGENCY INFORMATION**

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street City Zip Code

**WORK/VOLUNTEER EXPERIENCE**

(Include Current Employer and/or Volunteer Experience) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST YOUR SKILLS AND SPECIAL TALENTS:**

Office Equipment or Computers:	Library/ PR/ Other Skills:	Performing Programs (as Storytimes):	Typing:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOBBIES/INTERESTS/ACTIVITIES**

(Such as Crafts, Clubs, Activities, Art, Graphics, Presentation Skills, Etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY RESTRICTIONS OR PHYSICAL LIMITATIONS: \_\_\_\_\_

**I CAN WORK THE FOLLOWING DAY(S) AND HOURS:**

MONDAYS _____	HOURS _____	THURSDAYS _____	HOURS _____
TUESDAYS _____	HOURS _____	FRIDAYS _____	HOURS _____
WEDNESDAYS _____	HOURS _____	SATURDAYS _____	HOURS _____

**SIGNATURE OF VOLUNTEER** \_\_\_\_\_  
**PARENT OR GUARDIAN** \_\_\_\_\_

DATE \_\_\_\_\_  
DATE \_\_\_\_\_