

# Volunteer Application Cuba Circulating Library

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Phone/email \_\_\_\_\_ DOB \_\_\_\_\_

Type of Library work you are interested in: \_\_\_\_\_

Hours Available \_\_\_\_\_

## Work History and Related Volunteer Experience

Employer	Job Title	Dates	Duties
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Have you ever been convicted of a felony? \_\_\_\_\_

I agree that my name will be checked against the Sexual Offenders Registry.

\_\_\_\_\_  
Signature Date

Quiz score: AF ANF Time to Complete

Approved by the Cuba Circulating Library Board of Trustees September 10, 2007  
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