



Oldham County Public Library

www.oldhampl.org

Volunteer Application

Name _____
Address _____
PO & Zipcode _____
Phone _____ Age (if under 18) _____

I would like to serve as a volunteer: *Please check all that apply.*

_____ regularly each week for _____ hours
_____ for a total of _____ hours, schedule to be arranged.
_____ periodically on an on-call basis
_____ summer only
_____ winter only
_____ other. Please specify _____

Days/Times Available:

Monday	_____	Time	_____
Tuesday	_____	Time	_____
Wednesday	_____	Time	_____
Thursday	_____	Time	_____
Friday	_____	Time	_____
Saturday	_____	Time	_____

Location preferred:

_____ No preference
_____ MAIN-Oldham County Public Library
_____ Mahan-Oldham County Public Library
_____ South Oldham Library

Type of work preferred _____
Special skills _____
Physical limitations _____
Previous library experience (not required) _____ Yes _____ No

Signature of applicant

Date