



Watertown Public Library Volunteer Application

Today's Date: _____

Full Name: _____

Address: _____ City, State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Parent's Signature (applicants under 18): _____ Child's Age: _____

The Library has opportunities 7 days a week

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours per week you would like to volunteer? : _____

Areas of Interest (select all that apply):

Shelf organization Programs (Adult) Programs (Children)

Programs (Teens) Program presenter Home Delivery

Other: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Address: _____

Alternate Phone: _____

December 2019

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www.watertownpubliclibrary.org