



HEADQUARTERS
402 N. MAIN
IRONTON, MO 63650
573-546-2615
ozarkregional.org

VOLUNTEER APPLICATION

Date: _____

Full name: _____
First Middle Last

Cell Phone: _____

Address: _____
Street address Apt/Unit #

City State Zip Code

Alt Phone: _____

Email: _____

Date of Birth: _____
MM/DD/YYYY

State Issued Identification: _____
State

Number

Emergency Contact: _____
Name

Phone Number

Have you ever been convicted of a felony?
Yes No Please provide any details you wish to share:

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list two professional, teacher, or nonrelative references that we may contact.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Military Service

Branch:	_____	From:	_____	To:	_____
Rank at discharge:	_____	Type of discharge:	_____		
If other than honorable, explain:	_____				

What interests and abilities do you have that you wish to share with the Library?

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to a volunteer position, I understand that any misinformation may lead to termination of that position.

Signature:	_____	Date:	_____
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For Library use only

Approved by:	_____	Date:	_____
Signature:	_____	Date:	_____

Approved for branch:

- Annapolis Fredericktown Ironton Viburnum

Assigned Supervisor:	_____
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