Paris Public Library Volunteer Form

Name: _____

Address: _____

City: _____

Telephone: _____

Email address: _____

Emergency Contact: _____

Special Skills/Interests:

What days and hours would you be available?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____

Have you ever been convicted of a crime? Yes ____ No ____
Please explain:

Signature _____

If under the age of 18, signature below is required from a guardian or parent.

Signature _____