



Adult Volunteer Application

Please fill out both sides of this form. If you are 18 years or older, please fill out an Adult Volunteer Application, as you will be required to submit a copy of your photo ID and a CORI Request Form.

Date: _____

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Affiliated Organization (if any): _____

Skills: _____

Have you volunteered with the Everett Public Libraries before?

Yes

No

If so, when? _____

Please circle which term you are interested in applying for:

Spring Semester
(January-May)

Summer Break
(June-August)

Fall Semester
(September-December)

If you are interested in volunteering for a specific library event, please specify: _____

Which library are you interested in volunteering at? (circle all that apply)

Parlin Memorial Library

Shute Memorial Library

Please add specific times that you are available to volunteer on the following days listed below:

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Wednesday: _____

Saturday: _____

Emergency Contact Information

In case of an emergency, please contact:

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone: _____

Signature of Applicant: _____