

# Rogue Valley Metaphysical Library

## Application for Volunteer Services

Name: _____ Date: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	Cell: _____
E-mail: _____	
Name of Parent/Legal Guardian (if under 18): _____	
Name of Emergency Contact: _____	
Relationship to you: _____	Phone: _____

<b>Educational Background:</b>
Highest grade level: _____
Degree/Major: _____
<b>Professional Background:</b>
Employer (or most recent employment): _____
Relevant work Experience: _____
_____
<b>Volunteer Experience:</b> _____
_____
Skills, hobbies, interests that you would be willing to share in your volunteer work (for example, computer skills, event planning): _____
What has drawn you to be a volunteer at RVML: _____
_____

<b>References:</b>
Name: _____ Phone: _____
Relationship to you: _____
Name: _____ Phone: _____
Relationship to you: _____

<b>Days and times available:</b>
Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____