



# Aurora Public Library District Volunteer Application

### Aurora Public Library

414 2nd Street  
Aurora, IN 47040  
p. 812.926.0646

### Dillsboro Public Library

10151 Library Lane  
Dillsboro, IN 47018  
p. 812.432.5200

### Local History Library

510 2nd Street  
Aurora, IN 47040  
p. 812.926.4363

Thank you for your interest in volunteering for the Aurora Public Library District. The more people standing behind the Library District, the more valuable it becomes. These people include not just the Library Staff and Patrons, but the Volunteers, as well. Please take some time to thoughtfully complete the following application. When finished, bring it to a circulation desk at the Aurora or Dillsboro Public Library. If you have questions, feel free to contact the Library.

## Section A

### Your Contact Information

NAME \_\_\_\_\_  
first last

ADDRESS \_\_\_\_\_  
street

city state zip

PHONE \_\_\_\_\_  
primary secondary

## Section B

### Your Personal Information

DATE OF BIRTH \_\_\_\_\_ month / day / year (optional)      SSN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME       YES     NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

if necessary, you may attach an additional sheet

EMERGENCY CONTACTS please provide information for two contacts

Contact One name \_\_\_\_\_      Contact Two name \_\_\_\_\_  
phone number \_\_\_\_\_      phone number \_\_\_\_\_

VOLUNTEER AREAS OF INTEREST please check any areas in which you are interested

<input type="checkbox"/> Children's Programing	<input type="checkbox"/> Genealogy
<input type="checkbox"/> DVDs	<input type="checkbox"/> Displays
<input type="checkbox"/> Decorating	<input type="checkbox"/> Book Sale
<input type="checkbox"/> Program Assistance	<input type="checkbox"/> Other _____

AVAILABILITY please indicate the days and times you are available to volunteer

	Mon	Tues	Wed	Thur	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREFERRED LOCATION please indicate your desired location, if any

Aurora       Dillsboro       Local History (Aurora Depot)

