



LIBRARY VOLUNTEER APPLICATION

Name (Last, First) _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Are you 18 or over? YES NO

E-mail address _____

Emergency Contact Information

Name _____ Relationship _____

Phone Number _____ Do they have base access? YES NO

Address _____

Skills/Interests _____

TIME	MON	TUE	WED	THUR	FRI	SAT
1000-1100						
1100-1200						
1200-1300						
1300-1400						
1400-1500						
1500-1600						
1600-1700						
1700-1800						
1800-After Hours						

Photo Release

By putting your name here _____ you are agreeing to the following: I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for the Ahrens Memorial Library

EMAIL to ahrens.library@us.af.mil