

Kennedale Public Library Volunteer Application

Date of Application: _____

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Library card number (*if available*): _____

Circle ALL days and times you're interested in working:

	Tue	Wed	Thur	Fri	Sat
	10am-noon	noon-2pm	1-3pm	3-5pm	5-7pm

Why do you want to volunteer at the library? _____

Because we work with children, references are required:

1. Reference: _____ Phone: _____

2. Reference: _____ Phone: _____

3. Reference: _____ Phone: _____

Please return this form to: Kennedale Library, 316 W 3rd Street, Kennedale, TX 76060