



**WAUKEE
PUBLIC
LIBRARY**

**Waukee Public Library
PO Box 68
950 Warrior Lane
Waukee, IA 50263
515-987-1280
Fax 515-987-5262
webmaster@waukee.org**

Volunteer Profile

Name: _____

Parent or guardian: _____
(under 18 only)

Address: _____

Home/Cell Phone: _____ Email: _____

Parent work or cell phone: _____
(under 18 only)

Emergency Contact Name & Phone _____

Grade (in or just completed): _____ Birth year: _____

Why are you interested in volunteering? _____

I wish to serve as a volunteer for the Waukee Public Library and commit to the following:

- ✓ To perform my volunteer duties to the best of my ability.
- ✓ To follow the library rules and procedures.
- ✓ To meet time and duty commitments or to call BEFORE my volunteer time to be excused.

Signature: _____ Date: _____

Parent Signature (if under 18) _____