

If you are interested in being a Wolfner Volunteer, please complete this form and mail or fax it to:

Deborah K. Stroup

Coordinator of Volunteers

Wolfner Library for the Blind

and Physically Handicapped

Office of the Secretary of State

600 W. Main St., PO Box 387

Jefferson City, MO 65102

Phone: 800-392-2614 or 573-522-2766

Fax: 573-526-2985

email: deborah.stroup@sos.mo.gov

Positions available:

- Narrator
- Monitor
- Reviewer

WOLFNER LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED VOLUNTEER INFORMATION FORM

Date: _____ Name: _____

Address: _____ City/State/Zip _____

Telephone (day) _____ (evening) _____ (cell) _____

E-mail address _____ Birthday _____

INTEREST SURVEY

I want to serve as a Wolfner volunteer because: _____

Volunteer Work Experience: _____

Training/experience/skills I have for this position: _____

Special interests or hobbies: _____

REFERENCES

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

Time available/desired:

	A.M.	P.M.	Either	Other (specify)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				