

Substitute Librarian Application

Please fill this form out if you are interested in being a substitute librarian.

Name _____

Address _____

Home phone _____ Work phone _____

Email _____ Social Security #: _____

Current employer _____

How long _____

Other library experience _____

Are you limited in how far you are able to travel? If so, please state:

When would you be free to substitute (check all days/times you are available).

Monday morning

Monday afternoon

Monday evening

Wednesday morning

Wednesday afternoon

Wednesday evening

Friday morning

Friday afternoon

Friday evening

Tuesday morning

Tuesday afternoon

Tuesday evening

Thursday morning

Thursday afternoon

Thursday evening

Saturday morning

Saturday afternoon

Sunday afternoon

Please return this form to the WCTS office in Berlin.
Contact Cindy Wallace with questions. 920-361-1916