



Volunteer Information

Name _____

Address _____

Phone _____ e-mail _____

Emergency Contact & Phone _____

Availability:

Would you prefer to have a regular work schedule _____ or work on special projects within a more flexible time frame? _____

How many hours per week/month would you have to give to the Library? _____

Which days/times are you available to volunteer? _____

Do you have any physical or medical limitations? _____

Volunteer work preferred (please check all areas of interest):

- | | |
|---------------------------------------|--|
| _____ Shelving | _____ Preparing items for Fundraisers |
| _____ Adopt-a-Section (Shelf Reading) | _____ Sorting Books for Book Sales |
| _____ Book Repair | _____ Baking for events/Bake Sales |
| _____ AV Material Repair | _____ Moving/Hauling Books (heavy lifting) |
| | _____ Other _____ |

Please list any skills and special knowledge you may have which might be beneficial to the Library, e.g. clerical, computer, working with children, etc.
