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.

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