



Volunteer Application

Contact Information

Name: _____

Phone Number: _____

Email: _____

Preference for contact via: Phone Email

Availability

Date you are available to start volunteering: _____

Write when you would be available to come in to volunteer in the spaces below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Interests

Let us know what some of your interests and hobbies are:

Select which volunteer task you'd be interested in doing:

- | | |
|---|--|
| <input type="checkbox"/> Shelving Materials | <input type="checkbox"/> Cleaning/dusting books and shelves |
| <input type="checkbox"/> Shelf Reading | <input type="checkbox"/> One-time events such as our book sale |
| <input type="checkbox"/> Assisting with donations | <input type="checkbox"/> Short-term programs/projects |

Is there anything else you think we should know?

Thank you for your interest! A library staff-member will be in touch with you to set up an orientation.