

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

TELEPHONE NO. (_____) - _____ -- _____

EMAIL ADDRESS (optional) _____

HOW MANY DAYS A WEEK ARE YOU AVAILABLE? _____

ARE YOU INTERESTED IN:

ADULT ROOM _____

BOOK STORE _____

CHILDREN'S ROOM _____

BRANCH _____
(W.O. or Duq.)

PROCESSING ROOM _____

DAYS & TIMES PREFERRED:

MONDAY _____ HOURS: _____

TUESDAY _____ HOURS: _____

WEDNESDAY _____ HOURS: _____

THURSDAY _____ HOURS: _____

FRIDAY _____ HOURS: _____

SATURDAY _____ HOURS: _____

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____