

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 _____	OTHER _____

DAYS & TIMES PREFERRED:

MONDAY _____	HOURS: _____
TUESDAY _____	HOURS: _____
WEDNESDAY _____	HOURS: _____
THURSDAY _____	HOURS: _____
FRIDAY _____	HOURS: _____
SATURDAY _____	HOURS: _____

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____

Signature: _____ Date: _____