

# VOLUNTEER APPLICATION

Volunteer Name	First	Last	
Phone Number	This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other (     )	This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other (     )	
Address	Street Address	City	Zip
Email			
Age	<input type="checkbox"/> Minor (under age 18) <input type="checkbox"/> Adult (age 18+)		

Why do you want to volunteer at the library?

Are you volunteering to fulfill a requirement?
<input type="checkbox"/> School <input type="checkbox"/> Girl/Boy Scouts <input type="checkbox"/> Court ordered community service <input type="checkbox"/> Church <input type="checkbox"/> Other _____

What types of volunteer responsibilities would you prefer?
<input type="checkbox"/> Putting books in order <input type="checkbox"/> Welcoming visitors <input type="checkbox"/> Cleaning DVDs and book covers <input type="checkbox"/> Finding books from a list <input type="checkbox"/> Cutting paper <input type="checkbox"/> Distributing posters to businesses <input type="checkbox"/> Boxing books <input type="checkbox"/> Sorting equipment <input type="checkbox"/> Making home deliveries <input type="checkbox"/> Copying and folding <input type="checkbox"/> Organizing files <input type="checkbox"/> Helping kids (teen volunteers only)

Time Commitment/Frequency	Number of Hours per Week
<input type="checkbox"/> Short term (less than 2 months) <input type="checkbox"/> Long term (more than 2 months) <input type="checkbox"/> Regular weekly schedule <input type="checkbox"/> Sporadically/Events only	<input type="checkbox"/> 1-2 hours per week <input type="checkbox"/> 3-4 hours per week <input type="checkbox"/> 5-6 hours per week <input type="checkbox"/> more

When are you available to volunteer at the library?	Day	Hours
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	

