

SCARBOROUGH PUBLIC LIBRARY

Volunteer Application

Please Print

Name _____ Date _____

Address _____

Home Phone _____ Cell _____

Email _____

Emergency Contact Name and Phone _____

Why would you like to volunteer here? _____

What days and times are you available to volunteer?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday

____ Morning ____ Afternoon

Which of the following opportunities would you enjoy? Check all that apply.

____ DVD/CD Checking and Cleaning

____ Shelf Reading

____ Wash Book/DVD Jackets

____ Book Processing

____ Outreach-Book delivery

____ Plant care

____ Inside

____ Outside

Do you have special skills that you think would be helpful?

Thank you very much for your interest.