

Library Volunteer Application

Name _____

Address _____

Phone _____

Email address _____

Emergency Contact _____ Emergency Phone _____

Are hours required by: ___Work? ___Church? ___School? ___Other?

Do you prefer to work in: ___ Children's? ___Adult's? ___Either?

If under 18:

Next year's grade and school _____

Parent/Guardian Signature _____

Availability:

- Circle your top choice or choices of times to work.
- THANK YOU for supporting the library.

Monday 9:00-11 11-1 1-3 3-5 5-7

Tuesday 9:00-11 11-1 1-3 3-5 5-7

Wednesday 9:00-11 11-1 1-3 3-5 5-7

Thursday 9:00-11 11-1 1-3 3-5 5-7

Friday 9:00-11 11-1 1-3 3-5

****The library is not responsible for any lost or damaged personal items.**