

FANWOOD MEMORIAL LIBRARY VOLUNTEER APPLICATION

Name _____ Date _____

Street Address _____ Grade _____

Phone: Home _____ Cell _____

E-mail _____

School attending _____

Do you have any special interests or skills that would be helpful at the library?

Why do you want to volunteer?

Do you have a library card? (circle one) Yes No

Which library do you normally use? _____

What was the last book you read? _____

When can you start? _____

How long would you like to volunteer? (e.g., as long as possible, a particular number of hours, a date you go back to school) _____

Are there any days or times that you are not available to volunteer?

Parent or guardian's signature (if under 18) _____

Name and phone of emergency contact _____