



Community Library Adult Volunteer Application

NAME _____
(LAST) (FIRST)

HOME PHONE _____ WORK PHONE _____

VOLUNTEER EXPERIENCE

HAVE YOU VOLUNTEERED FOR THE LIBRARY BEFORE? YES _____ NO _____
IF YES, WHEN

SPECIAL INTERESTS AND HOBBIES

WHAT DEPARTMENT WOULD YOU PREFER TO WORK IN:

___ CHILDREN'S SERVICES: cutting craft items, summer reading club, reading shelves

___ ADULT SERVICES: various projects, outreach to homebound

___ BOOK PROCESSING: labeling in books, covering books

___ AUDIO VISUAL PROCESSING: creating browsers

By signing below, you certify that you agree to the terms of Community Library's Volunteer Policy.

SIGNATURE _____

Date: _____