

Woods Memorial Library
Volunteer Form

Name: _____

Address: _____

Home #: _____ Cell #: _____

Email Address: _____

Check One: ☐ Middle School or under ☐ High School Student ☐ Adult

Please list any special skills:

Why do you want to volunteer at the library?

Comments:

Emergency Contact: _____ Relation: _____

Contact's #: _____

_____ (please initial) **I have read and understand the Woods Memorial Library's
Volunteer Manual.**

By signing you are certifying that all information is true and complete.

Applicant's Signature: _____

Parent/Guardian Signature: _____

(for under 18 years of age)

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Name: _____

Times Available

Day	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

(List times available.)

Preferred Tasks

Ongoing:

___ Shelving
___ Shelf-reading
___ Book Mending
___ Book Covering
___ Reference/Research
___ Computer Tasks
___ Typing
___ Children's room help
___ Craft prep (cutting/sorting)

Occasional(seasonal):

___ Gardening
___ Holiday Events
___ Book Sale
___ Mailings
___ Newsletter
___ Program Support

Do you have any employment/volunteer experience? Yes___ No ___

If "yes," please list the organizations and type of work you did.

Date contacted:_____ Date of interview:_____

Date of orientation: _____ Job assignment: _____