

Helen Plum Library Volunteer Application Form

We appreciate your interest in the Library. If you require an accommodation to assist you in completing this application, please ask a staff member. Please print clearly. **If applying as a youth summer reading volunteer, please contact the Youth Services Dept.**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Are you at least 16 years old or older? Yes No

Check if this is for academic credit (NHS or other?) _____ Community Service _____

How many hours _____ Deadline for hours worked _____

Describe any special skills or experience you have that might be useful for the Library.

AVAILABILITY Please check all that apply:

	9:00 a.m. to 1:00 p.m.	1:00 p.m. to 5:00 p.m.	5:00 p.m. to 9:00 p.m.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please check the kind of work that interests you: Friends of the Library _____ Semi-annual book sale _____
Maintenance or cleaning _____ Clerical work _____ Other (describe) _____

I understand that volunteers will be used solely based on the Library's need, that the Library does not accept volunteers on a drop-in basis, and that a date and time for service must be agreed upon by both parties. I understand that I will not be entitled to compensation for any services I provide. By signing this application I am stating that all of the information provided is true to the best of my knowledge.

Signature _____ Date _____

Return this form to Library Director Bob Harris. rev. 1/31/11