SCARBOROUGH PUBLIC LIBRARY
Volunteer Application
Please Print

Name________________________________________ Date______________

Address________________________________________________________________________

Home Phone_________________________ Cell __________________________

Email ________________________________________________________________

Emergency Contact Name and Phone________________________________________

Why would you like to volunteer here? ______________________________________

________________________________________________________________________

What days and times are you available to volunteer?
_____Monday _____Tuesday _____Wednesday _____Thursday
_____Morning _____Afternoon

Which of the following opportunities would you enjoy? Check all that apply.
_____DVD/CD Checking and Cleaning
_____Shelf Reading
_____Wash Book/DVD Jackets
_____Book Processing
_____Outreach-Book delivery
_____Plant care
    _____Inside
    _____Outside

Do you have special skills that you think would be helpful?
________________________________________________________________________

________________________________________________________________________

Thank you very much for your interest.