

SCARBOROUGH PUBLIC LIBRARY

Volunteer Application

Fill application online, print it and FAX, mail, or dropoff at the Library.

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 to shut-ins
- ____ Plant care
 - ____ Inside
 - ____ Outside

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

Thank you very much for your interest.