

**Friends of the Library Bookstore Volunteer Application**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Are you able to commit to volunteering for a regular weekly shift (2 - 3 hrs. per week) for at least 6 months?  
\_\_\_\_\_ yes \_\_\_\_\_ no

The Store is open from 10 a.m. to 3:00 p.m. weekdays and 11 a.m. to 2 p.m. Saturday.

What days do you prefer? \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_.

What is your shift preference? 10 a.m. - 12:30 p.m. \_\_\_\_\_ or 12:30 p.m. - 3:00 p.m. \_\_\_\_\_

Why are you interested in volunteering?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History:**

Where: \_\_\_\_\_ When: \_\_\_\_\_

Position /Duties \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Position /Duties \_\_\_\_\_

What skills or experience do you have that would relate to volunteering at the Library Store?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If you are a student under 18 yrs. of age your parent or guardian must sign & date below:

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please leave completed application form at the Store counter. Please bring contact information for 2 references (written references are ok) and proof of being fully vaccinated to the interview. Thank you!**