



BOOKS *Again*

Volunteer Application

Date: _____ Print Legibly!

Name: _____

Address: _____

Email: _____

Phone: _____ (h) _____ (c)

Areas of Interest (0-3)/Special Requests:

Volunteers are encouraged to work a minimum of 3 hours/week and must join Friends of the Library (FOL) for \$20/year.

Days/Times Available: (circle)

Mon	Tue	Wed	Thur	Fri	Sat
10-1	10-1	10-1	10-1	10-1	10-1
1-4	1-4	1-4	1-4	1-4	1-4

Emergency Contact Information:

Name: _____

Phone: _____ (h) _____ (c)

Initial Contact:

Name: _____

Date: _____ Time: _____

Orientation Scheduled

Name: _____

Date: _____ Time: _____

Orientation Completed

Name: _____

Date: _____ Time: _____

Free T-Shirt after 3 mths

Given by: _____

Date: _____ Size: _____

Picture (Optional) Y ___ N ___

Code of Ethics Y ___ N ___

Expectations of Volunteers Y ___ N ___

Name Badge Provided Y ___ N ___

FOL Membership dues paid Y ___ N ___

Admin Assist Acknowledgement Initial: _____

Volunteers are encouraged to attend monthly or quarterly meetings (4 meetings annually) 3rd Thursday of the month, 4-5pm