



Volunteer Application

Name: _____

Address: _____ Phone: _____

Person to notify in emergency: _____ Phone: _____

Relationship: _____ Address: _____

Amount of time willing to volunteer: Hours per day _____ Which Hours _____

Number of days per week: _____ Mon Tues Wed Thurs Fri Sat
(Please Circle)

Starting Date: _____ For how long a period: _____

What would you like to do? (Circle as many as you'd like)

- Re-shelving books
- Staffing the annual book sale
- Substituting / Reading at Storytime
- Shelf reading of the collection
- Assisting with children's programs

Volunteers who work a minimum of 1 hour per week receive the following:

- *No overdue fines
- *Free printing / copying
- *Our enduring gratitude

Thank you for your time!

Freeport Community Library