

Wissahickon Valley Public Library Volunteer Application Form

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Cell) _____

EMAIL ADDRESS: _____

BIRTHDAY: (Just Month and Day) _____

Do you have previous library experience (including in school)? Yes No

If yes, briefly describe. _____

Are you willing to shelve books? (place returned items on shelves) Yes No

Are you willing to shelf read books? (correct order of items on shelves) Yes No

Are you willing to "adopt a shelf" to periodically check for order? Yes No

Do you have computer experience? Yes No

If yes, please describe: _____

Please let us know about any special skills or interests you may have:

Are you...(check all that apply)

A high school student performing school or organizational service?

If so, which organization and/or school _____

A college student? School name: _____

Currently employed? Location: _____

Retired?

What days and hours are you available to volunteer?

Please sign and date:

Name: _____ Date: _____

Parent Signature, if under 18: _____

Name and telephone number of person to contact in case of emergency:
