

Sawyer Free Library Volunteer Application

Name	
Street Address	
City, State and ZIP Code	
Home Phone	
Work Phone	
E-mail Address	
Best way to contact you?	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State and ZIP Code	
Home Phone	
Work Phone	

Availability

During which hours are you available for volunteer assignments?

_____ Monday Time:

_____ Tuesday Time:

_____ Wednesday Time:

_____ Thursday Time:

_____ Friday Time:

Commitment of Hours

_____ I would like to volunteer on an ongoing basis at _____ hours per week.

_____ I would like to volunteer until _____ (date) at _____ hours per week.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Areas of Interest

Please read the description of *Volunteer Opportunities* and check any that might be of interest to you.

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Pages

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Large Program Concierge

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Senior Outreach

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Children's Advisory Council

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Materials Preparation

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Technology Mentors

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Library Photographers

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Language Group Leaders

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Program Facilitators