



Library Volunteer Information

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Child's Name: _____ Grade/Teacher: _____

Child's Name: _____ Grade/Teacher: _____

Child's Name: _____ Grade/Teacher: _____

How often would you prefer to volunteer? (check one)
____ Once a week ____ Once every two weeks ____ Once a month

How long would you prefer to volunteer? (check one)
____ 1 Hour Block ____ 2 Hour Block ____ 3 Hour Block

What day would you prefer to volunteer? (check one)
____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Any
Day

Do you prefer morning or afternoon? (check one)
____ Morning ____ Afternoon ____ No Preference

What kind of work do you prefer? (check all that apply)
____ Clerical (shelving books, processing materials, pulling
resources)

____ Circulation (checking in/out books, computer
activities)

____ Helping Students (finding items, doing research, etc.)

Thank you for offering your time and assistance!