

Volunteer Interest Form



Date _____

Name _____

Address _____

Phone _____ Alt. Phone _____ Email _____

I can Volunteer on (please check all that apply)

Mon Tue Wed Thur Fri Sat Sun Mornings Afternoons Evenings

How often? Daily Once/week Once/month Twice/Month As Needed # Hours/Week _____

I could help with (please check):

Book / Materials Shelving

Clerical

Shelf Reading

Administrative /Computing

Special Projects (will discuss)

Other

Programming support

Court Appointed Community Service? (please circle) Yes or, No

Professional/School Reference

Please submit contact information for at least one Professional/School reference.

Name _____ Title _____

Company or Organization _____

Phone _____ Email _____

Your relationship (e.g. employer, minister, teacher) _____

Emergency Contact (not required)

List who we should contact in the event of an emergency

Name _____ Relationship to You _____

Cell Phone _____ Work Phone _____ Home Phone _____

Please return this form to: DeWitt Community Library, ShoppingTown Mall, 3649 Erie Blvd. E., DeWitt, NY 13214

Phone: 446-3578 Fax: 446-1955 wscott@onlib.org

After submitting this form, you will be contacted to schedule an opportunity to complete the application process.

Thank you for your interest in the DeWitt Community Library.

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