

Adult Volunteer Application

Thank you for your interest in volunteering at the San Juan Island Library. We look forward to talking with you about your application.

Volunteer's Contact Information

	Date:
Name	
Mailing Address	
City ST Zip Code	
Daytime Phone Number	
Alternate Phone Number	
Email Address	

Availability

How many HOURS PER WEEK do you wish to volunteer?

Are you volunteering to fulfill a community service requirement?

If so, is there a TOTAL NUMBER of hours you need to volunteer? Is there a DEADLINE by which those hours need to be completed?

YES	NO	Total hours needed: _
YES	NO	Deadline:

Place an X for the times you are available to volunteer. Circle the Xs for your preferred hours.

	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
9-10am	closed						
10-Noon	closed						
Noon-1pm							
1-3pm							
3-5pm							
5-6pm	closed						closed
6-8pm	Programs	Programs		Programs		Programs	Programs

Are you willing to be "on call" for tasks as they arise? YES NO

Interests

- ____ Check-in, shelving & shelf reading
- ____ Morning prep for library opening
- Helping with TEND-A-SHELF
- _____ Tutoring language learners with English class
- ____ Helping with Adult Programs

- _____ Helping library users learn computer skills
- ____ Mending books & materials
- ____ Special projects
- ____ Other: ____

Person to Notify in Case of Emergency

Name & Relationship	
Mailing Address	
City ST Zip Code	
Primary Phone Number	
Alternate Phone Number	
Email Address	

Agreement & Signature

I understand that the San Juan Island Library reserves the right to screen volunteers and accept or reject any applications, and to place volunteers in specific locations & positions based on the needs of the Library.

Signature	
Date	

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