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in you jor y	our interest	in volunteer	ing at the Sa	n Juan Island I	Library.		
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Skills or Talents Y	ou Would Like to Share
Person to Notify in	Case of Emergency
Nama O Dalatianahia	
Name & Relationship Mailing Address	
City ST Zip Code	
Primary Phone Number	
Alternate Phone Number	
Email Address	
Agreement & Signa	ture
and another and the et the a Com.	
	Juan Island Library reserves the right to screen volunteers and accept or reject any volunteers in specific locations & positions based on the needs of the Library.
Signature	
Date	
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We look forward to talking with you about your application.

Revised: 2019.01.19 BH
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