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Adult Volunteer Application

Thank you for your interest in volunteering at the San Juan Island Library.

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? YES NO Total hours needed: _____

Is there a DEADLINE by which those hours need to be completed? YES NO Deadline: _____

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

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

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

Interests

- | | |
|---|--|
| <ul style="list-style-type: none"> ___ Shelf reading for correct order ___ Morning prep for library opening ___ Tidying bookcases w/ TEND-A-SHELF ___ Tutoring language learners with English class | <ul style="list-style-type: none"> ___ Helping with Adult Programs ___ Helping library users learn computer skills ___ Special projects ___ Other: _____ |
|---|--|

Skills or Talents You Would Like to Share

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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

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Date

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We look forward to talking with you about your application.