



# Springdale Public Library

Library in the Park

## APPLICATION FOR VOLUNTEER SERVICE



Last		First		Middle	
Street Address				Library Card #	
City		State		Zip	
Home phone		Person to call in case of emergency			
Cell phone					
E-mail		Relationship & phone number			
Date of Birth		Physical Limitations			
Education: 1 2 3 4 5 6 7 8 9 10 11 12		College 1 2 3 4		Degrees:	
<b>VOLUNTEER OPPORTUNITIES</b>					
Shelving Library Materials		Minor Maintenance/ Moderate Lifting			
Author Fair / Book Sale <i>(annual in Sept-Oct)</i>					
Processing Library Materials					
		Cleaning			
		Special Projects			
Special Interests					
Other volunteer experience					
Work experience					
<b>DAYS / HOURS AVAILABLE</b>					
	Mornings (state time)		Afternoons (state time)		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Available for on-call work? <input type="checkbox"/> yes <input type="checkbox"/> no					

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Thank you for your interest in volunteering at the Springdale Public Library. We will contact you with additional information on current opportunities and training. A personal interview may be scheduled at your convenience.