

Delmont Library Volunteer Application

Name: _____ Age _____

Address: _____

Phone Number: _____

Email Address: _____

When are you available to volunteer? (Morning, afternoon, evening, Saturdays) _____

How long are you available to stay? (1 hour, 2 hours, etc.) _____

How often? (Weekly, bi-weekly, once or twice a month?) _____

Why do you want to volunteer at the Delmont Library? _____

Special skills/areas of expertise:

Preferred activity: general library tasks (shelving books, straightening, searching for books); Computer (making posters, sign up sheets, etc.); Story Time Reader; help with kid's programs, etc.

For Staff Use Only: Date: _____ Staff initials: _____