

# VOLUNTEER QUESTIONNAIRE

Name

Date

Address

Phone

Birth date

Email address

What duties would you like to perform?

Front Desk

Straighten Shelves

Help with special events / programs

Repair Books

Clean CDs & DVDs

Help with fundraisers

Cover Books

Help with Storytime

Make Patron Cards

Process Paperbacks

How many days per month could you volunteer?

What shifts would you like to work?

Mon,Wed,Fri  10am - 2pm

2pm - 6pm

Tue,Thu  10am - 2pm

2pm - 5pm

5pm - 8pm

Sat  10am - 2pm

Do you have hobbies or special skills you would like to teach others?

Emergency contact:

Phone number(s) of emergency contact:

Your doctor's name and phone number:

Allergies:

Do you know anyone who might like to volunteer?