

THE WAGNALLS MEMORIAL ADULT VOLUNTEER APPLICATION FORM

All adult volunteers must pass a background check before volunteering.

TODAY'S DATE:

NAME:

ADDRESS:

HOME PHONE AND/OR CELL PHONE:

EMAIL ADDRESS:

SPECIAL SKILLS OR INTERESTS:

REGULAR SCHEDULE OR OCCASIONAL VOLUNTEER? ☐ REGULAR ☐ OCCASIONAL

IF REGULAR, WHAT HOURS/DAYS ARE YOU AVAILABLE TO VOLUNTEER DURING REGULAR LIBRARY HOURS?

| HOURS/DAYS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | SATURDAY |
|------------|--------|---------|-----------|----------|----------|
| MORNING | | | | | |
| AFTERNOON | | | | | |
| EVENING | N/A | | N/A | | N/A |

I AM UNAVAILABLE DURING THE FOLLOWING MONTHS: _____

I WOULD LIKE TO:

_____ Assist with shelving, pulling holds, reading shelves, etc. in the library

_____ Assist with book clubs and programs such as the summer reading program

_____ Assist with fundraisers, special events, and exhibits

_____ Assist with maintenance, cleaning, and dusting

_____ Assist in the garden

_____ Assist with the Wagnalls Community Theater – concessions, ticket booth, usher

_____ Be a docent and give historical tours at special events (training available)

_____ Host a program at the library about a special interest or skill

Please specify interest _____

_____ Other (please specify) _____

11/14/2023