



East Lake Community Library Volunteer Application

Please Print

Name: _____

Phone: _____ Age (if under 18): _____

Address _____

City: _____ Zip: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Availability:

Monday	9am-1pm	1pm-5pm	5pm-8pm
Tuesday	9am-1pm	1pm-5pm	5pm-8pm
Wednesday	9am-1pm	1pm-5pm	5pm-8pm
Thursday	9am-1pm	1pm-5pm	5pm-8pm
Friday	9am-1pm	1pm-5pm	
Saturday	9am-1pm	1pm-5pm	

Please list any exceptions to this schedule: _____

Please list any special skills that would be useful in a library environment:

Are you a full-time or seasonal resident? _____

I will apply my volunteer hours to:

_____ An IB Program

_____ Bright Futures

What duties would you like to learn?

_____ Circulation Desk

_____ Covering Books

_____ Shelving

_____ Processing Materials

_____ Telephone Work

_____ Adult Programs

_____ Children's Programs

_____ Other _____

Signed: _____ Date: _____

We will try to match your availability to our scheduling needs and get back to you as soon as possible.

Please note: All volunteers must be at least 14 years of age.

Our Junior Volunteer Program caters to those 9-13 years of age.

Please return this application to a staff member at the Circulation Desk.

Thank you for your interest.