

Contact Information

Name: _____
 Address: _____
 City, State ZIP: _____
 Home Phone: _____
 Cell/Work Phone: _____
 E-Mail Address: _____

(If under 18) DOB: ___/___/___ Expected Graduation: _____
 Current School and Grade: _____

Availability & Requirements

Please indicate the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:						

Are you volunteering to fulfill a specific service requirement? ___ Yes ___ No

If yes, please describe & indicate requirements:

Please list any special needs or allergies:

Interests

Please indicate your areas of interest.

- | | |
|--|--|
| <input type="checkbox"/> Putting books in order | <input type="checkbox"/> Homebound deliveries |
| <input type="checkbox"/> Computer data entry | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Filing and photocopying | <input type="checkbox"/> Audio-visual repair |
| <input type="checkbox"/> Taping/pasting/labeling books | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Other (please describe) _____ | <input type="checkbox"/> Equity/Social Justice |

Special Skills or Qualifications

What special skills, interests, or training do you have?

Previous Volunteer Experience

Summarize your previous volunteer experience.

Personal Reference

Please provide the name, address and telephone number of one personal reference.

Person to Notify in Case of Emergency

Name: _____
Address: _____
City / ZIP: _____
Home Phone: _____ Cell/Work Phone: _____

Volunteers 18 years of age and older:

Signature: _____ Date: ___/___/___

Volunteers 12 through 17 years of age:

I verify that I am a parent or guardian of the participant and consent to his/her participation in Reading Public Library volunteer program.

Parent Signature: _____ Date: ___/___/___

Student Signature: _____ Date: ___/___/___

LIBRARY USE ONLY

Application Received _____

Interview (Date/Name) _____

Orientation _____ Training _____

Database Name Badge CORI Notes: