

Forbush Memorial Library Volunteer Program

*NOTE: ALL VOLUNTEERS WILL HAVE TO FILL OUT A CORI REQUEST FORM.
THIS IS FOR THE PROTECTION OF ANYONE WORKING IN THE LIBRARY AS WELL AS FOR
OUR YOUNGER LIBRARY USERS.*

Please Print:

Name _____ Today's date _____

Address _____

City _____ State _____ Zip _____

Telephone # (home) _____ Other # _____

Email _____

Person we can call in case of emergency _____

Telephone: (daytime) _____ (evening/cell) _____

Have you ever done volunteer work? Yes _____ No _____ If yes, please explain.

Is your volunteering coordinated through another institution? Yes ___ No ___ If yes, name: _____

Skills you would like to share:

___ helping in Children's Room ___ reading aloud ___ playing an instrument (which one(s)) _____
___ singing ___ craft making ___ sewing ___ knitting/crocheting ___ shelving/reading shelves
___ upstairs monitor ___ leading a book group ___ light housekeeping ___ book processing
___ gardening ___ other?

Special interests _____

Can you volunteer: ___ short term (under 1 month) ___ intermediate (1-6 months)
___ long term (more than 6 months)

We usually suggest a weekly two-three hour shift. We will try to match your preferences with the library needs, so please indicate day and time preference for in-library volunteer work when the library is open:

Days: Tuesday Wednesday Thursday Friday Saturday
Hours: (fill in) _____ _____ _____ _____ _____

If you are under the age of 18, you cannot volunteer in the Library without the consent of a parent/guardian.

I give my permission for my son or daughter to volunteer at the library.

Signature _____ Date _____

PS: If you cannot volunteer on a regular basis, the Friends of the Library need volunteers for the June Ice Cream Social/Book Sale, Photos with Santa in December, and to bake for programs throughout the year.

Thank you for your interest in the Forbush Memorial Library.

MHS 5/27/09; NL 9/6/12