Sidney Memorial Public Library Volunteer Application

Name:							
Address:							
Home Phone:	Birthday:						
In case of an emergency please notify:							
Name: Phone:							
Volunteer work desired (check all that shelving	nt apply)local history						
library program preparation	gardening						
other							
Applicable skills:shelf readingcomputer other	arts and crafts						
Why do you want to volunteer? personal satisfaction	seeking employment						
skill development	_other						
(Over for available times)							

Check when you are available to volunteer

	Α	В	С	D	E	F	G	Н
1								
2	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
3								am
4								afternoon
5								night
6								
7								