

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 apply)

_____ shelving

_____ local history

_____ library program preparation

_____ gardening

other _____

Applicable skills:

_____ shelf reading

_____ computer

_____ arts and crafts

other _____

Why do you want to volunteer?

_____ personal satisfaction

_____ seeking employment

_____ skill development

_____ other _____

(Over for available times)

