



VOLUNTEER APPLICATION

DATE _____

Thank you for your interest in becoming a McBride Memorial Library Volunteer.

The Library appreciates volunteers who donate their time and skills in support of the library. Volunteers assist with fundraising events, day-to-day library tasks, special events, children and adult programs, and numerous other activities and tasks. Volunteers, with their time and effort, help to keep the library growing and improving to better serve our communities.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DAYS AVAILABLE:

___ MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT

PREFERRED TIME OF DAY: ___ AM ___ PM

AREAS OF INTEREST:

___ Shelving books/Shelf reading ___ Fundraising activities (baking, mailings, etc) ___ Book Sales

___ Children's programs ___ Adult programs ___ Other interests/skills list in comments

COMMENTS: _____

NOTE: All volunteers are subject to a background check for criminal record and child abuse clearance.