

# Sidney Memorial Public Library

## Volunteer Application

Name:

Address:

Home Phone:

Work Phone:

Birthday:

In case of emergency please notify:

Name:

Telephone:

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Volunteer work desired (check all that apply):

\_\_\_\_\_ shelving

\_\_\_\_\_ with local history

\_\_\_\_\_ with children

\_\_\_\_\_ library program preparation

Would you be interested in clipping library-related news articles?  
This can be done at home or in the library.

\_\_\_\_\_ at home

\_\_\_\_\_ in the library

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Applicable skills:

\_\_\_\_\_ shelf-reading

\_\_\_\_\_ computer

other \_\_\_\_\_

\_\_\_\_\_ arts and crafts

\_\_\_\_\_ book repair

other \_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_ personal satisfaction

\_\_\_\_\_ seeking employment

\_\_\_\_\_ skill development

other \_\_\_\_\_

Please check the times you would be available for volunteer service?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			