

Desert Foothills Library Volunteer Application

Personal Information (Please Print)

Month and Day of Birth: _____/_____/_____

Last Name

First Name

Street Address

City

State

Zip

Phone Numbers

Email Address

Class (check one)	<input type="checkbox"/> Student (S)	<input type="checkbox"/> Adult (A)	
Type (check one)	<input type="checkbox"/> Volunteer (V)	<input type="checkbox"/> Court Appointed (CA)	<input type="checkbox"/> Student Credit (C)

Work Preference (check the entry indicating your preference/s):

- | | |
|--|--|
| <p>_____ Shelving books, keeping the shelves in order</p> <p>_____ Circulation desk</p> <p>_____ Shelf-reading a section regularly</p> <p>_____ Assist with brochure, poster, sign production</p> <p>_____ Public relations</p> <p>_____ Process books (cover, label, repair)</p> <p>_____ Process audiovisual materials</p> <p>_____ Read to children</p> <p>_____ Fundraising</p> <p>_____ Post flyers around town</p> | <p>_____ Assist with displays</p> <p>_____ Cleaning shelves</p> <p>_____ Word processing</p> <p>_____ Mailings and special projects</p> <p>_____ Home bound deliveries</p> <p>_____ Archival organization & care</p> <p>_____ Clean CDs and DVDs</p> <p>_____ Other (Please specify) _____</p> <p>_____</p> <p>_____</p> |
|--|--|

Photo Consent:

I hereby give consent to publish any photo of me performing volunteer work. _____.

Special Skills: _____

Limitations: _____

Days & Times Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	(12noon – 4pm)	(9am – 7 pm)	(9am – 7pm)	(9am – 7pm)	(9am – 7pm)	(9am – 5pm)	(10am – 4pm)

Person(s) to Contact in Case of Emergency: Name (relationship) _____

Phone number _____

Applicant Signature _____ Date _____

Parent/Guardian Signature (for students) _____ Date _____