SALEM PUBLIC LIBRARY
ADULT VOLUNTEER SERVICE APPLICATION

Name: _____ Age (if under 18):_____
Address: _____
_____

Phone: _____ _____ _____
Home work fax
Email Address:_____

Contact person (in case of emergency): _____
Contact person phone: _____

Type of volunteer services:
_____ Route in: Checking in items coming from other libraries 3-4 hours M-F morning hours.
_____ Phone Calling: Calling people with holds 1-2 hours M-F afternoon hours.
_____ Putting away incoming DVD's 1-2 hours Mon-Saturday late morning hours.
_____ Reshelve books and other materials
_____ Shelf reading: Making sure books are shelved in correct order.
_____ Straighten magazine and newspaper shelves
_____ Other _____

Skills/experience: _____
_____

Availability: Please list the times you will be able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Limitations that might restrict your activities:_____

References:
1. _____ _____
name phone
2. _____ _____
name phone

_____ _____
Applicant Signature date

Please leave this form with a staff member at the circulation desk