



Everybody needs a friend - including your public library!

BOOKSTORE VOLUNTEER APPLICATION

Name _____

Address _____

Email Address _____

Phone: Home _____ Work _____ Cell _____

Best way and time to reach you _____

Which of the following Bookstore volunteer activities would you like to do? *(Please number in order of preference, with 1 being most preferred activity.)*

- ___ Bookstore sales (2-hour shift weekly)
- ___ Bookstore sales (2-hour shift every other week)
- ___ Bookstore sales (substitute for regular shift volunteer when needed)
- ___ Process donated books (sort, research pricing, mark prices, shelve)
- ___ Special sales (e.g., summer or fall lobby sales)
- ___ Handle EBay book sales
- ___ Help with publicity (write newspaper notices, flyers, newsletter articles)

What day(s) of the week are you available? *(Please circle one or more.)*

Sun Mon Tues Wed Thu Fri Sat

What times are you available? *(Please circle one or more.)*

Morning Afternoon Evening

Other comments (interests, preferences, restrictions on time, etc.): _____

EMERGENCY CONTACTS

Primary contact:

Name _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Alternate contact:

Name _____ Relationship _____

Phone: Home _____ Work _____ Cell _____