



Friends
of
the **Library**

Please forward this form to:
Sault Ste. Marie Public Library
50 East Street
Sault Ste. Marie ON, P6A 3C3
Phone: 705-759-5334

BOOK STORE VOLUNTEER APPLICATION

This application will enable us to better match your skills and interests with our volunteer tasks.

Date: _____

Name: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Current Occupation: _____

Availability:

10:00 am – 1:00 pm Mon Tues Wed Thurs Fri Sat

1:00 pm – 4:00 pm Mon Tues Wed Thurs Fri Sat

4:00 pm – 7:00 pm Mon Tues Wed Thurs

Are there limitations to your volunteering? If yes, please describe: _____

Highest Level of Education Completed: High School College University

Most Recent Volunteer Position: _____

Organization: _____ Date: _____

Next Most Recent Volunteer Position: _____

Organization: _____ Date: _____

Please describe the skills you have that would be helpful at the Friends of the Library:

What areas of volunteer services interest you?

- Bookstore Book Sorting Book Sales Fundraising

How long do you expect to volunteer?

- 3-6 months 6-12 months 1+ years

Other - please specify length of time: _____

References:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Why do you wish to volunteer your services for the Friends of the Library?

Are you receiving credit for your volunteer work? Yes No

If yes, please explain: _____

Thank you for applying to volunteer at your Public Library!