



THE LIBRARY SHOP—A USED BOOKSTORE

VOLUNTEER APPLICATION

TO BE COMPLETED BY VOLUNTEER:

Name_____ Date of Birth _____ Phone_____

Address_____

E-mail_____

Emergency Contact:

Name_____ Relationship _____ Phone _____

PLEASE INDICATE AVAILABILITY:

Our Hours of Operation are Tuesday through Saturday 11:00 a.m. to 5:00 p.m. and Sundays 12:00 p.m. to 4:00

Please circle the DAY and Hours you are available to volunteer.

Thursday	<input type="checkbox"/> 11:00am-1:00pm	<input type="checkbox"/> 1:00pm-3:00pm	<input type="checkbox"/> 3:00pm-5:00pm
Friday	<input type="checkbox"/> 11:00am-1:00pm	<input type="checkbox"/> 1:00pm-3:00pm	<input type="checkbox"/> 3:00pm-5:00pm
Saturday	<input type="checkbox"/> 11:00am-1:00pm	<input type="checkbox"/> 1:00pm-3:00pm	<input type="checkbox"/> 3:00pm-5:00pm
Sunday	<input type="checkbox"/> 12:00pm-2:00pm	<input type="checkbox"/> 2:00pm-4:00pm	

Flexible available to work call when needed ☐