

**SALEM PUBLIC LIBRARY
ADULT VOLUNTEER SERVICE APPLICATION**

Name: _____

Address: _____

Phone: _____

home

work

fax

_____ I am over 16 years of age

Contact person (in case of emergency): _____

Contact person phone: _____

Type of volunteer service preferred:

_____ Serve as children's program aide

_____ Cut out or assemble craft materials

_____ Reshelve books and other materials

_____ Adopt a shelf volunteer ("Read" shelves and shift books where needed)

_____ Straighten magazine and newspaper shelves

_____ Other _____

Skills/experience: _____

Availability:

_____ prefer weekdays

_____ prefer weekends

_____ prefer mornings

_____ prefer afternoons

_____ prefer evenings

_____ flexible

_____ one day per week

_____ 2 days per week

_____ Other _____

References:

1. _____
name phone

2. _____
name phone

Applicant Signature

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