

**Pike County Public Library
Volunteer Application**

Milford _____ Dingman _____ Lackawaxen _____

Name: _____

Mailing Address: _____

E Mail: _____

Phone Number: _____

Emergency Contact: _____

Work/Volunteer/Community Experience:

Skills/Interests/Hobbies:

Are there any limits (physical, time, vacation, etc.) that might affect your volunteer activities?.

Volunteer Schedule Preferred:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.						
P.M.						

Character References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

If under 18, parental (guardian) permission:

Signature: _____

Here is a partial list of volunteer tasks with which the PCPL sometimes needs assistance. Please check your area(s) of interest.

- | | |
|--|--|
| <input type="checkbox"/> Processing Books | <input type="checkbox"/> Library-By-Mail |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Seasonal Decorating |
| <input type="checkbox"/> Checking overdue list | <input type="checkbox"/> Program support |
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Outdoor Maintenance (gardening) |

Other skills _____