

Name _____ Phone _____

Address _____

City _____ Zip Code _____

Email _____ Birth Date: _____

Are you under the age of 18? Yes* No

*Volunteers under the age of 18 must have written consent by a parent or guardian (see reverse side).

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Why do you want to volunteer at the Ogden Farmers' Library (please be specific—for example, if it's for school, what class/project/club)?

Please check one:

 I would like to volunteer only to fulfill my volunteer hours for school, work, etc..

If short term, please indicate how many hours you need: _____

 I would like to volunteer regularly at the library over the next year or even longer

I'd like to help in the following ways (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Summer Reading Table | <input type="checkbox"/> Helping younger people |
| <input type="checkbox"/> Summer Reading Programs | <input type="checkbox"/> Helping older people |
| <input type="checkbox"/> Library Book Sale | <input type="checkbox"/> Clerical support (fold brochures, sharpen pencils) |
| <input type="checkbox"/> Cleaning/dusting | <input type="checkbox"/> Creating artwork for the library |
| <input type="checkbox"/> Organizing supply cupboards | <input type="checkbox"/> Using or assisting others with computers/tablets |
| <input type="checkbox"/> Helping at events (set up/take down) | <input type="checkbox"/> Writing book reviews |
| <input type="checkbox"/> Choosing library books/events/furniture | |
| <input type="checkbox"/> Creating book displays | |
| <input type="checkbox"/> Seasonal decorating | |

GRADUATION YEAR:

