

Volunteer Registration

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT: _____

Please indicate your preference of days and times to work at the library.

AM is 9 to 1, and PM is 1 to closing, generally.

Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	

Please complete the following form regarding your interests and abilities.

Skill Set

Indicate your particular interests and skills with a check in the box in front of the item.

Computer Skills: Data Entry Microsoft Office Graphics Software PDF Editing
 Scanning Web Development & Maintenance Computer Technology.

Library Skills: Patron Assistance Filing Handling Money Cataloging

Genealogical Skills: Indexing Research Transcribing Proof Reading Writing

Print Shop Skills: Publishing Printing Bulk Mailing

Office Skills: Manager Handling Mail Procuring Supplies Bookkeeping Tax
Preparation

Specialized Skills: Publicity Grant Writing Fundraising Newsletter

Housekeeping

Comments: