

Templeton Community Library Association

Book Room Volunteer Application

Contact Information:

Date: _____

Name:

Mailing Address:

Phone:

E-Mail:

Availability:

_____ to _____ Tuesday
_____ to _____ Wednesday
_____ to _____ Thursday
_____ to _____ Friday
_____ to _____ Saturday

Interests:

In which capacity would you like to volunteer?

Skills and Qualifications:

What special skills or qualifications do you have as a volunteer? (Skills and qualifications can be acquired through employment, volunteer work, community service, or other activities such as hobbies or sports)

Book Room
599 South Main Street, Templeton
Please e-mail completed form to: templetoncommunitylibrary@gmail.com