Simi Valley Friends of the Library

Bookstore Volunteer Application

DATE: _____

NAME: _____ _____
last first

ADDRESS: _____ _____ _____
street city zip code

PHONE: _____ WORK PHONE: _____

E-MAIL: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ PHONE: _____ _____
home work

AVAILABILITY: (specify hours)

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

Total hours available weekly:
_____

Length of Availability:
_____ Indefinitely
_____ Number of weeks

VOLUNTEER AGREEMENT (Age 17 and Older)

I agree to volunteer my services to the Simi Valley Friends of the Library beginning _____. If I cannot report to work as assigned, I will call as early as I can to inform a friends volunteer. I will do my best to represent the Simi Valley Friends of the Library with care and courtesy.

_____ _____
volunteer signature date

* Volunteers must join the Friends of the Library for $10.00.