



## Watertown Public Library Volunteer Application

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Signature (applicants under 18): \_\_\_\_\_ Child's Age: \_\_\_\_\_

---

### The Library has opportunities 7 days a week

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

How many hours per week you would like to volunteer? : \_\_\_\_\_

---

Areas of Interest (select all that apply):

Shelving and shelf organization  Programs (Adult)  Programs (Children)

Programs (Teens)  Homebound Delivery  Social Media

Program presenter  Computers  Microsoft Office

Other: \_\_\_\_\_

---

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

June 2012