

Derby Neck Library
Application for Volunteering

Name _____ Date _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Do you have a set number of hours you are working towards? yes no

If yes, how many? _____

When do you need them completed by? _____

Do you have any experience working in libraries? yes no

If yes, please describe the duties you performed:

Availability

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Saturdays: _____

Sundays: _____