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: _______________________________________