

Volunteer Interest Form



Community Library
of DeWitt & Jamesville

Date _____
Name _____

Ad-
dress _____

Phone _____ Alt. Phone _____
Email _____

I can Volunteer on (please check all that apply):

Mon Tue Wed Thur Fri Sat Sun _____ Mornings
 Afternoons Evenings **How often?** Daily
 Once/week Once/month Twice/Month As Needed **# Hours/Week** _____

I could help with (please check all that apply):

Book/Materials Shelving Clerical
 Shelf Reading Administrative /Computing
 Special Projects (will discuss) Other
 Programming support

Court Appointed Community Service? (please circle) Yes or, No

Professional/School Reference

Please submit contact information for at least one Professional/School reference.

Name _____ Ti-
tle _____
Company or Organiza-
tion _____
Phone _____
Email _____
Your relationship (e.g. employer, minister, teacher)

Emergency Contact (not required)

List who we should contact in the event of an emergency.

Name _____ Relationship to
You _____
Cell Phone _____ Work Phone _____ Home
Phone _____

Please return this form to the
Community Library of DeWitt & Jamesville, 5110 Jamesville Road, DeWitt, NY 13078
Phone: 315-446-3578

After submitting this form, you will be contacted to schedule an opportunity to complete the appli-
cation process.

Thank you for your interest in the Community Library of DeWitt & Jamesville.