

Groves Public Library Adult Volunteer Form

Date _____

CONTACT INFORMATION

Name	
Address	
Home Phone or Cell	
Email address	

Below are categories of tasks where we are needing volunteers. Please check all that apply. Some of these tasks are only on an "as needed" basis. We will contact you after receiving this form when volunteers are needed. The library is a department of the City of Groves, and your participation may have to be cleared with the proper City department. We reserve the right to have a background check completed before we call you back for volunteer work.

Are you doing this for scholastic reasons? Explain: _____

Check the box(es) below where you would like to volunteer your time...

Bulletin board setup	Teach ESL or citizenship classes	Preparing weeded books for sale
Sorting donations for book sale	Help with book sale (twice a yr.)	Dust or clean library shelves
Upkeep of library grounds (we have tools)	Working with children	Help with Teen programs
Check AR List and label books accordingly	Library Docent	Assist with special programs

Days you are available for volunteer assignments?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____

How long do you wish to volunteer? Specify # of Hours _____

Signature: _____

Reference _____

Reference Phone _____

Thank you for your interest!

Special Needs?

We need your guardian's permission in writing and a letter of recommendation from a teacher, clergy, work supervisor, etc. Special needs can work 2 hours unattended by guardian. If additional time is scheduled, a guardian will need to be present. Have your guardian sign here, attach letter of recommendation:
