

Mendocino County Library
Fort Bragg Branch
Volunteer Information Sheet



Name: _____

Date: _____

Address: _____

Phone: _____

Cell Phone: _____

email: _____

The following areas of the library utilize volunteers, please mark those areas which you would be interested in volunteering by ranking them (1- ?):

BOOK/AV SERVICES	COMPUTER SERVICES:	OTHER SERVICES:
Shelf Reading: _____	Scan hold requests: _____	Volunteer newsletter: _____
Shelving books: _____	Donation intake: _____	Procedures manual: _____
Mending books: _____	Process acquisitions: _____	Children's Storytime: _____
Covering books: _____	Circulation desk: _____	Special Projects: _____
Mending CD/DVD/ VHS cases & items: _____		

Days you are available (Please circle): Mon Tu Wed Thurs Fri Sat

Can you commit to 2 hours a week? _____ Do you prefer AM or PM: _____

Would you prefer to work/not work with the public? (Please circle one)

Would you be available for on-call substitution? (No obligation to accept): _____

Do you have any conditions that would limit your activities? Please explain.

Please describe any special talents, training or experience which you feel might be of value to the volunteer program:

Parental authorization for minors: _____

Date: _____

Thank you for offering your time and talent to your library!