

Pembroke Public Library Student Volunteer Form

Date: _____ Name _____

Grade: _____ School: _____

Email: _____

Phone number: _____

Contact preference (circle one): Email or Phone?

Library Use Only

Received: _____

Contacted: _____

Interview: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Special Skills/Interests/Extracurricular activities (Technology, Art, etc.): _____

Motivation for Volunteering: Community Services Requirement Other

Why do you want to volunteer at the library? _____

What days & times are you available to volunteer at the library (please use the back of this paper if needed)?

*Please note: Weekend hours are **not** likely to be accommodated due to staff scheduling.*

For what seasons are you able to volunteer? Summer Spring Winter Fall

Check boxes next to what you would be interested in doing during your volunteer hours:

Craft preparation

Organizing materials/books

Event/Program help

Cleaning library

Citizen Science/Digital Volunteering (these are special projects that can be discussed with the librarian)

By signing below, you agree to the following guidelines:

- Please dress and behave appropriately when you come to volunteer. As a volunteer you are a representative of your library and your school.
- You are welcome to request an assignment with a friend, but please maintain your focus when volunteering and/or interacting with our young patrons.

Volunteer Signature

Guardian signature (if under 15 years of age)

For library use:

Updated 4/24/18

Possible scheduling: _____

Additional notes: _____