

Adult Volunteer Application

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Email Address: _____

Work experience: _____

Special talents/interests/skills you might care to share: _____

Would you consider volunteering with the Friends of the Pembroke Public Library? Yes No

What is your general availability (schedule)? _____

Emergency Contact Information:

Name: _____ Tel. _____ Relationship _____