

# Pembroke Public Library Student Volunteer Form

Library Use Only
Received: _____
Contacted: _____
Interview: _____

Date: \_\_\_\_\_ Name \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact preference (circle one): Email or Phone?

## 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  Other (*please only check if pre-approved by 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 18 years of age)

For library use:	<i>Updated 4/9/19</i>
Possible scheduling: _____	
Additional notes: _____	