

Friends of the Hayward Public Library

Volunteer Interest Form

Name _____
Last First Middle initial

Address _____
Street City Zip Code

Telephone _____ E-mail _____ Over age 18?

Do you have any special skills or training that might help in a volunteer situation?

Do you have any physical limitations that would affect the type of work you could do?

Do you have a van or truck available for volunteer work?

What type of volunteer work would you like to do? Staff a Saturday Book Sale
 Help out at a Big Book Sale
 Sort donated items
 Sell donated items on the Internet
 Transport boxes of books
 Serve on the Board

Can you make a commitment to volunteer on a regular basis?

When are you available for work? Mon Tues Wed Thurs Fri Sat
 Morning _____ to _____ Afternoon _____ to _____

Comments or other information you wish to share:

Signature

Date