



Sayreville Public Library

1050 Washington Road
Parlin, NJ 08859

Telephone: (732) 727-0212

www.sayrevillelibrary.org

VOLUNTEER APPLICATION FORM

VOLUNTEER INFORMATION			
Last Name	First	M.I.	Date
Street Address	City	State	Zip
Daytime Telephone Number		E-Mail Address	
Emergency Contact		Relationship:	Phone Number
Are you under 18 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PREVIOUS VOLUNTEER EXPERIENCE			
Duties	From - - To	Organization	
LANGUAGES			
Foreign Language(s) (Please List)	Read	Speak	Write
INTERESTS:			
Check the areas in which you would most enjoy working			
_____ non-public work	_____ clerical/filing	_____ computers	
_____ smaller children	_____ shelving/arranging books		
_____ other (describe) _____			
AVAILABILITY:			
Weekday Mornings <input type="checkbox"/>	Weekday Afternoons <input type="checkbox"/>	Weekday Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/>

Please Note:

Other than Special Projects, the library expects volunteers to commit to a regular time schedule.

Thank you for offering to volunteer at the Sayreville Public Library. You will receive a response to your application within two weeks after submitting it.