

Library Association of Waxhaw Reading Room Used Bookstore

Volunteer Application

Contact Information

Name (First, Last) _____

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone (optional) _____

Email Address _____

Please Check One: Teen Adult

Availability

During which hours are you available for volunteer assignments? (Mark all that apply)

<u>April - October</u>			<u>November - March</u>		
Tues	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 3pm-6pm	Tues	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 2pm-5pm
Wed	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 3pm-6pm	Wed	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 2pm-5pm
Thurs	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 3pm-6pm	Thurs	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 2pm-5pm
Fri	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 3pm-6pm	Fri	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 2pm-5pm
Sat	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 3pm-6pm	Sat	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 2pm-5pm
Sun	<input type="checkbox"/> 1pm - 4pm		Sun	<input type="checkbox"/> 1pm-4pm	

Special Skills

Accounting Web Sites Ebay Sales Other

Emergency Contact Information

Name (First, Last) _____

Best Phone Number _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature _____ Date _____

Parent's signature if teen _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

L.A.W. does not share, sell, or distribute any volunteer information to any other individual or entity.

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Taking the Application _____