

Volunteer Information - Waterford Township Public Library

Date _____

Name _____

Address _____

City _____ Zip _____

Phone Number(s) _____

E-mail address: _____

Please check one:

Adult (18+) _____ Student (under 18) _____ Age (students only) _____

Work Experience:

Volunteer Work Experience:

Volunteer tasks of interest (please check all that apply):

_____ Craft preparation

_____ Reminder phone calls

_____ Light clerical (e.g., collating, stamping)

_____ Assistance at Children's Programs

_____ Serving Refreshments (special programs)

_____ Shelf-reading (straightening/maintaining shelves)

_____ Friends of the Library Book Sales

_____ Friends of the Library Donation Days

Days/Hours available (check all that apply):

Days: _____M _____T _____W _____Th _____Sa

Hours: _____ Mornings _____ Afternoons _____ Evenings

Please drop off, mail, or email completed form to:

Jean Hansen, Waterford Township Public Library, 5168 Civic Center Dr. Waterford, MI 48329.

jhansen@waterfordmi.gov

For more information, please call (248) 618-7682