



Adult Volunteer Form

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Emergency contact name: _____ Relationship: _____

Phone number: _____

Do you have any serious health concerns or allergies we should be aware of?

No Yes If yes, please let us know what it is and what we can do for you: _____

Why do you want to volunteer here? _____

Days and times you are available to volunteer: _____

We have two library locations. One is in Trenton and the other is in Frankford. Is there one location would you prefer to volunteer at?

Please check the volunteer projects you would be interested in:

___ Help prep for kids' programs (cutting out, tracing, and other prep work)

___ Shelf read (checking the shelves to make sure the books, DVDs, audiobooks, and other library items are in the correct order according to library standards.)

Signature of volunteer _____ Date _____