## **Volunteer Application**



Name:
Address:
Phone Number:
Email:
Emergency Contact (Name & Phone number):
Availability (Please specify days of the week, and morning, afternoon, or evening):
Briefly describe work experience:
Please indicate any areas of interest:
Home Delivery (valid license and vehicle required)
Program Help (set up, assist staff during program, clean up)
Shelving (on a regularly scheduled basis)
Other (please specify)
Your signature:
Date:
Questions/Comments:

Please return to: Emily Rush - Scranton Library 801 Boston Post Rd. Madison, CT 06443

Phone: (203)245-7365 x1021 Email: rushe@scrantonlibrary.org