



Scranton Memorial Library

Volunteer Information

Name: _____
 Address: _____ Phone: _____
 Emergency Contact: Name _____ Phone: _____
 Email: _____

Availability: MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___ SUN ___ AM ___ PM ___

Briefly describe work experience:

Please indicate if you are interested in any of the following areas:

Baking for Programs		Mailing	
Book Sale (sorting)		Photography/Videography	
Book Sale (working during sale)		Program Planning/Hosting	
Book Repair (learn to repair library items)		Program setup/Clean up/Ushering	
Dog Show		Publicity (requires computer skills)	
Home Delivery		Shelving – on a scheduled basis	

Other areas of interest:

Signature: _____ Date: _____

Your questions: _____

Please return to Marcia Sokolnicki, Scranton Memorial Library, 1250 Durham Road, Madison, CT 06443
 (Temporary Location)

Phone: 203-245-7365 ext. 19/Email: sokolnickim@scrantonlibrary.org