

**Friends of the Library
MRCPL
Volunteer Information Sheet**

Please Print.

Date: _____

Name: _____
(Last) (First) (Middle)

Name you prefer to be called: _____

Address: _____ City _____ Zip _____

Primary Phone: _____ Land Line/Cell Text option? ___ Yes/No

Secondary Phone: _____ Land Line/Cell Text option? ___ Yes/No

Email Address: _____

Preferred Method of Communication: Phone Text Email Other _____

Volunteer Preferences:

Prefer to work monthly sales, Prefer to work behind the scenes/setup, Both _____

_____ Willing to work at random "pop-up" sales (schedule permitting)

Preferred times to volunteer: Morning Afternoon Evening

On: Monday Tuesday Wednesday Thursday Saturday

Friday I prefer to volunteer: Occasionally Year-round Summers Only

Notes:

Are you a member of the Friends of Library? ___Yes/No

Are you a Board Member for the Friends of the Library? ___Yes/No

Special Skills, knowledge or interests:

If printed, you may add any other pertinent information on back of this form. Thank you.