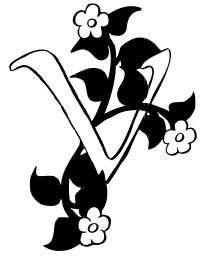


Poquoson Public Library Adult Volunteer Application



Thank you for your interest in volunteering at the Library. Please return this completed form to the Circulation Desk.

Name: _____ Date: _____
(Last) (First)

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

Educational Background: _____

Work Experience: _____

Skills: _____

Please check the days and times that you are available.

Day of Week	9:00 AM - Noon	Noon - 3:00 PM	3:00 PM – 6:00 PM	6:00 PM – 9:00 PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday			2:00 PM – 5:00 PM	CLOSED
Saturday	9:30 AM – 12:30 PM		2:00 PM – 5:00 PM	CLOSED
Sunday	CLOSED	12:30 PM – 3:00 PM	2:00 PM – 5:00 PM	CLOSED

Signature: _____