



Volunteer Application For Children

St Joseph Public Library
500 Market Street, St. Joseph, MI 49085
269-983-7167 www.stjoseph.lib.mi.us

For Library Use Only: Contact Date: _____ Start Date: _____

Personal Information: (If you are under 18 years of age, parent/guardian signature required)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Circle Grade in Fall: 7 8 9 10 11 12 Name of School _____

Emergency Contact :

_____ Relationship _____ Phone _____

Skills: What special interests do you have that may help us to match you with the best volunteer assignment?

Community Service:

Are you fulfilling a community service assignment? Yes No (please circle)

If yes, how many hours? _____

Volunteer Assignments:

_____ Garden Games	_____ Crafts
_____ Sorting, organizing	_____ Shelf Straightening
_____ Events/Activities	_____ Cleaning

Availability: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Hours: _____

Applicant Signature: _____ Date _____

Parent/Guardian _____ Date _____