



VOLUNTEER APPLICATION FORM

Spruce Grove Public Library

35-5th Ave. Spruce Grove, Alberta T7X 2C5
Phone: (780) 962-4423 Fax: (780) 962-4826
www.sprucegrovelibrary.org

Name: _____ Phone: _____

Address: _____

Do you have any special skills or training?

Have you worked as a volunteer before?

Why would you like to volunteer at the Spruce Grove Public Library?

Who should we contact in case of an emergency? _____ Ph. _____

Please Note: Parental Permission is required of volunteer applicants under 18 years of age.

Please put a checkmark beside the areas in which you are interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Friends of the Spruce Grove Public Library | <input type="checkbox"/> Outreach Programs |
| <input type="checkbox"/> Summer Reading Program | <input type="checkbox"/> Children's Programs |
| <input type="checkbox"/> Teen Advisory Board | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Adult Programs |
| <input type="checkbox"/> Word Processing/administration | <input type="checkbox"/> Senior's Programs |
| <input type="checkbox"/> Displays | <input type="checkbox"/> Filing and organizing |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Book Processing |
| <input type="checkbox"/> Unpacking/packing | <input type="checkbox"/> Tidying/book cleaning |
| <input type="checkbox"/> Book repair | <input type="checkbox"/> Other _____ |

Please indicate your availability: _____

Signature _____ Date _____

Thank you for your application. You will be contacted as soon as an opening becomes available.

"Our Library is a service driven resource for the cultural, educational, and entertainment needs of our communities."