



MIDDLETOWN TOWNSHIP PUBLIC LIBRARY
VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

DATE: _____ AGE: (if under 18) _____

IN CASE OF AN EMERGENCY: _____

1) REASON FOR VOLUNTEERING, IF APPLICABLE (circle & specify hours needed)

- A. COMMUNITY SERVICE _____
- B. CHURCH _____
- C. SCOUTS: _____
- D. SCHOOL: _____
- E. OTHER: _____

➔ If your volunteering has to be completed by a certain date, please indicate the date due: _____

2) LIST SPECIAL SKILLS AND PRIOR VOLUNTEER WORK:

Tell us about your use of the library, specific technical skills, business background, etc that will help us to place you in a meaningful position.

3) PLEASE INDICATE BELOW THE SPECIFIC HOURS YOU WILL BE AVAILABLE:

HOURS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
9 AM - 12 PM							CLOSED
1 PM - 5 PM							
5 PM - 9 PM							

4) HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER? 1 2 3 4 MORE

5) WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK?
