



**Friends of the Sault Ste. Marie Public Library**

**VOLUNTEER APPLICATION**

Please send form to:

Friends of the Sault Ste. Marie Public Library

50 East St.

Sault Ste. Marie, ON

P6A 3C3

Or

Drop form off at the Friends of the Library Book Store

Downstairs at the Main Branch

Monday to Saturday – 10 a.m. to 4 p.m.

Friends Book Store Phone Number - 759-5334

**DATE:** \_\_\_\_\_

**Personal Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age Group:

14-16

16-18

19-30

31-50

51-65

65+

Students - Present Grade Level \_\_\_\_\_

Highest level of education completed:

\_\_\_\_\_

**When would you be available to volunteer?**

Weekdays       Saturday       Daytime       Evenings

Do you have any limitations we should be aware of? If so, please describe.

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Why are you interested in volunteering with the Friends?

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**Volunteer Opportunities**

I would like to help with:

- Three hour book store shifts       Book Sales
- Friends of the Library Board       Baking
- Fund Development/Event Planning       Book Transportation

Please comment on hobbies, skills, or training that may be relevant to your volunteer position.

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References:

1) \_\_\_\_\_

Phone Number: \_\_\_\_\_

2) \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize the Friends of the Sault Ste. Marie Public Library to include my name in newsletter and event mailings by the Friends and by the Sault Ste. Marie Public Library. Yes [ ] No [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_