



Volunteer Information Sheet

Camden Public Library

55 Main Street Camden, Maine 04843

Name: _____

Date: _____

Address _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Best time to call: _____

Available Days: _____

Date available to start: _____

Available Times: ☐ Mornings ☐ Afternoons ☐ Evenings (Tuesday/Thursday) ☐ Any Time

Hobbies or Interests: _____

Available to:

☐ Shelve Books

☐ Help with children's programs

☐ Help with special functions

☐ Book Sales

☐ Other: _____

Emergency Contact Information:

Primary contact name: _____

Cell/Telephone Number: _____

Secondary contact name: _____

Cell/ Telephone Number: _____

If under 18 years of age, requires signature of parent or guardian:

Parents Name: _____ Signature _____ Date: _____

Reference (If Required)

Name: _____

Cell/Telephone: _____

For Library Staff Only:

Staff initials: _____

Contact completed by: _____

Form Revised: 12/6/2010