



Henrietta Public Library

Friends & Foundation

Book Shoppe Volunteer Application

Name _____

Address _____

Phone _____

Email _____

What talents would you like to share with the book shop:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Sorting Donations | <input type="checkbox"/> Administrative work | <input type="checkbox"/> Processing Materials |
| <input type="checkbox"/> Re-shelving | <input type="checkbox"/> Retail sales | <input type="checkbox"/> Creating displays | <input type="checkbox"/> Other _____ |

What would you like to gain from volunteering at the book shop?

Availability

- | | | | | | |
|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | |

Highest level of education completed _____

School _____

Current Employer _____

over

Reference 1

Reference 2

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Relationship _____

Relationship _____

Is there anything we should know about you that would impact your ability to work in the Library?

I have read the information provided regarding volunteering with the Friends & Foundation of Henrietta Public Library. I understand that I must provide two references, attend a Volunteer interview before being considered for a volunteer position with the Friends & Foundation of Henrietta Public Library. I also understand that if I miss two (2) scheduled shifts at the book shop without contacting one of the co-chairs of the Committee, I will be dropped from the schedule.

Signature _____

Date _____

Please send or drop off your completed application to:

Friends and Foundation of the HPL
625 Calkins Road
Rochester, NY 14623