

# Stillwater Public Library Volunteer Application

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

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If under 18 years of age, please fill out the following:*

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ has my permission to volunteer at the  
Stillwater Public Library: \_\_\_\_\_

*(Parent or guardian signature)*

**In case of emergency, contact:**

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

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

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

**How did you hear about the library volunteer program?**

**What skills or abilities do you bring to a volunteer position?**

**Please check your areas of interest:**

- Greeting
- Book Cleaning
- Shelf Cleaning
- Special Event(s) Assistant
- Library Book Club Starter
- Shelf Reading / Adopt-A-Shelf
- E-reader Assistant

- Lead Art Gallery Volunteer
- St. Croix Collection Assistant
- Clerical Maintenance
- Public Relations
- Book Donation Assistant
- Other:

