



## EAST BRUNSWICK PUBLIC LIBRARY APPLICATION FOR ADULT VOLUNTEER SERVICE

Submit to Administration Office

*Thank you for your interest in volunteering at the East Brunswick Public Library.*

Your interest is important to us. Your application will be reviewed in a timely manner. Please indicate what work you would most prefer. If there are any available volunteer opportunities that match your interests, you will be called to schedule an interview. If there are no volunteer positions currently available in the work preference you chose, you will be informed of this by email.

*Volunteer applications are kept on file for 60 days.*

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### MOTIVATION

Personal satisfaction  
Seeking employment  
Skill development  
Required ( \_\_\_\_\_ hours)

### REFERRAL SOURCE

\_\_\_ EBTV  
\_\_\_ A library publication  
\_\_\_ A library staff member  
\_\_\_ A friend or relative  
\_\_\_ Walk-in  
\_\_\_ Other  
Name of source (if applicable): \_\_\_\_\_

### WORK PREFERENCE

\_\_\_ Adopt-a-Shelf (shelf reading)  
\_\_\_ Special projects  
\_\_\_ Other \_\_\_\_\_

### EDUCATION AND TRAINING

\_\_\_ High School  
\_\_\_ College  
\_\_\_ Graduate Study  
\_\_\_ Other (list) \_\_\_\_\_  
\_\_\_ Specialized (specify) \_\_\_\_\_

*Continued on reverse*

