Manlius Library Volunteer Application

Volunteers must be <u>14 years</u> of age and up. Please note: we are not able to offer volunteer hours to meet court ordered requirements at this time. You will be notified if/when there is a position available



1.	10	Tou will be notified if when there is a position available.						
Name:	Age (if under 18):							
Address	:							
Phone #	·		Ema	il:				
Emerge	ncy Conta	ct Name ar	nd #:					
2. Pleas	e tell us w	hy you are	intereste	d in volunte	ering.			
(Circle	e One) Ye e fill in the	es No	-	get hours fo		-2 hours p	er week is	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning	XXXXXX							
Afternoon								
Evening	XXXXXX					XXXXXX	XXXXXX	
Bo Car tab Dai Loc Du Du Sho Ma Pro	okmark Cash out custoles, etc. ily Holds Late and pasting stand wip elf Readin ke sure ite	ist (adults ull items from the down sheet and Strates on sheet stant	ock items only) om shelve elves and ightening elves are i	es, maintain c es from our books	daily holds	s list edge of sh	nelf evenly	
6. Signature: Date:								