

# Upper St. Clair Township Library Volunteer Application Form

## Contact Information

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Email Address

## Ongoing Library Needs *(please circle all that you are interested in)*

1. Behind-the-scenes -- assisting with processing or shelving
2. Programs -- assisting at special events
3. USCconnect – will deliver books, etc.

## Computer Skills *(please circle)*

Are you comfortable using a computer?

Yes      No

## Availability *(Volunteers are asked to commit to at least one two hour shift on a weekly basis)*

Days of week you are available    M   T   W   T   F    *(please circle)*

Time of day you are available    Morning / Afternoon    *(please circle)*

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## Library Follow-Up

Date contacted \_\_\_\_\_ Date/time assigned \_\_\_\_\_ Staff initials \_\_\_\_\_