



FRIENDS VOLUNTEER APPLICATION

Name _____ Date _____
 (Last) (First) (Middle)

Address _____

Phone: _____ E-Mail Address _____

Previous volunteer work experience _____

To help us match you with the best volunteer experience, please share why you wish to volunteer with the Friends of the BPL and note any special skills and interests.

Which of these Friends activities are you most interested in (check all that apply)?

- () Sorting/shelving incoming donations
- () Helping with book sales (e.g., set up; helping shoppers; cashier; clean up)
- () Serving on the Friends Board

NOTE: “Basic Training” is required during your first month of Friends volunteering (2-4 hours), to be scheduled at a mutually convenient time for you and your Friends mentor(s)

I agree not to hold the Baldwin Public Library liable if I am injured while performing volunteer activities.

Signed _____

Thank you for completing this application, Please call the library business office at 248-554-4684 or email friends@baldwinlib.org if you have any questions.