

Castor Municipal Library Volunteer Application

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Email: _____

Please tell us what would make you want to volunteer at the library: _____

Please describe any previous volunteer work: _____

Is there a specific job you are interested in? _____

Indicate the times you are available:

Monday: _____ Wednesday: _____ (am) _____ (pm) Friday: _____

If you are under 18 years of age you will need your parental/legal guardian to sign for you

Please be aware that library volunteers may be asked to provide an RCMP Criminal Record Check.

Parental/Legal Guardian Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____