

BOOK STORE VOLUNTEER INFORMATION FORM

Name _____
 Last First MI

Address _____
 Street

_____ City State Zip

Telephone: _____ **Cell Phone:** _____

Email: _____

Emergency Contact: _____
 Name & Phone Number

How many time a month would you like to volunteer at the bookstore?
 _____ Once a month _____ Twice a month _____ Every week

Which day/days of the week do you prefer?
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Saturday

What shift would you prefer to volunteer?
1. _____ 10:00 a.m.-1:30 p.m. 2. _____ 1:30-5:00 p.m. 3. _____ 5:00-7:30 p.m.

Would you be willing to substitute in case of an illness or emergency? Yes No
Which shift? _____ 10:00 a.m.-1:30 p.m. _____ 1:30-5:00 p.m. _____ 5:00-7:30 p.m.

Is there any additional information we should know or be aware of?

_____ Date _____
 Volunteer Signature

Training Date: _____

Committee Notes: