

Friends of the Mountain View Library
585 Franklin Street, Mountain View, CA 94041
www.mvlibraryfriends.org - 650-526-7031
Email: fmvlvolunteers@gmail.com

Volunteer Application

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Age (if under 18 y.o.) _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____

(Emergency Contact information is required.)

Volunteer Experience

Dates	Organization	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills or Areas of Interest (Check as many as apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lobby Shop* | <input type="checkbox"/> Online Sales* | <input type="checkbox"/> Book Sorting* |
| <input type="checkbox"/> Quarterly Book Sales | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Recruiting | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other (please be specific) |

How did you hear about the Friends of the Library? _____

Are you a member of the Friends of the Library? _____

I hereby certify that all statements made in this application are true. I understand it is the policy of the Friends of the Mountain View Public Library to preserve the right to equal opportunity for all persons, including those with physical, mental, or sensory disabilities.

Signature of applicant _____ Date _____

Signature of parent/guardian if volunteer is a minor _____

*Please indicate the times you are available to volunteer.