Volunteer Application



NORTH BERGEN FREE PUBLIC LIBRARY

8411 Bergenline Avenue North Bergen, NJ 07047 (201)869-4715 www.nbpl.org

Contact Information		
Name		
Street Address		
City, ST, ZIP Code		
Date of Birth		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
Availability	voilable for volunteer engignments?	
During which hours are you av	vailable for volunteer assignments?	
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Interests		
Tell us in which areas you are interested in volunteering		
Shelving and Shelf-reading		
Programming		
Special Events		
Clerical		
Special Skills or Qualifica	ations	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work,		
or through other activities, including hobbies or sports.		

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Case	of Emergency	
	United gency	
Name		
Street Address		
City, ST, ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature (Parent's signature if underage)		
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by		
	esult in my immediate dismissal.	
Name (printed)		
Signature		
Date		

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.