FRIENDS of the Sun City Libraries, Inc.

"SHARE WITH ME" VOLUNTEER APPLICATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____

Snowbird?_____Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Relevant experience or education: _____

_____

How did you hear about us? _____

_____

What days and times are you available? _____

_____

How often would you like to Share? _____

Which facility do you prefer? The Gardens? _____ Woodmark? _____

I hereby apply to volunteer to The Friends of the Sun City Libraries (FSCL). If unable to carry out my duties, I will contact the Volunteer Coordinator. All volunteer work is subject to review.

Signed _____ Date: _____

Please return to Bell or Fairway Library or The Friends Around the Corner Book Store

Start Date: _____ Position: _____ Orientation: _____

Revised 10/2018