

Friends of the Clarence Library Volunteer Application

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Thank you for your interest in serving our community as a volunteer at the Clarence Public Library. Our volunteers help us to provide the best possible service to our community. We are deeply grateful for their dedicated assistance. Please let us to get to know how you would like to help by answering the following questions.

1. Tell us why you would like to volunteer at the Friends' Place Bookstore.

2. Do you have any other volunteer experience? Please describe briefly.

3. Are you available to volunteer on a weekly basis? If not, please specify when you are available and/or if you would like to be a substitute. Please also list if there are times during the year when you may not be available for an extended period of time.

4. Along with volunteering at the bookstore, the Friends have many other volunteer opportunities. Some of these include helping at the Book Sales, Bike Sale, etc. Would you be interested in participating in any other activities that the Friends host?

Upon completion of this application, please mail or drop off at the Clarence Library. Thank you again!
We are indeed fortunate to have people like you who care to help our beautiful library!

Clarence Public Library ◊ 3 Town Place ◊ Clarence, NY 14031 ◊ (716) 741-2650

