



Adult Volunteer Application

First & Last Name: _____

Date: _____

Address: _____

Phone (Cell): _____

Email Address: _____

Date of Birth (mm/dd/yy) _____

Emergency Name and Contact Phone: _____

What days and times are best for you? Check all that apply: M T W TH F S
 AM Midday PM

INTERESTS AND SPECIAL SKILLS (Check the skills or areas of interest you have):

Library Booksale (Processing donations, organizing shelves, weeding old books from the sale)

Book Repair

Shelving

Video Production

Library Youth Services (Story time assistance, presenting, etc.)

Light Construction/Repairs

Leading Book Clubs

Gardening/Lawn care

Calligraphy/Graphic Design

Special Events (Planning, set-up, tear down)

Clerical/Scanning

Public Relations/Marketing

Photography

Recreational Activities (Crafts, athletics, board games, knitting, etc.)

Friends of the Dripping Springs Community Library (Book sales, events, etc.)

Beyond Books Fundraising Campaign (Events, public relations, etc.)

Other (Please specify): _____

Why would you like to volunteer at the library?

Please share any other information you may want us to know about yourself, your interests, or your volunteer goals.

You will be contacted via email or telephone regarding available volunteer opportunities that match with your choices. Other volunteer opportunities not listed on the application will be advertised in our monthly newsletter.

If there are no opportunities open, your application will be saved for one year and we will contact you when volunteer positions become available.

All Volunteers at the Dripping Springs Community Library are encouraged to be library members.