

Volunteer Application

1100 Parkview Avenue, Redding, California 96001 (530)245-7250 Fax (530)245-7268

Library	Date	·	E-Mail			
Name				_Phone		
AddressStreet						
Contact Person				State	Zip	
Age Range (circle one):	18-21	Over	21			
Have you worked in a library bef	ore, if so what j	obs did y	ou do?			
Special Skills/Hobbies: (Art, Typ	oing, Computers	s, Book M	Iending, e	etc.)		
Other Volunteer Experience:						
Days Available (Circle Days):	Mon Tues	Wed	Thur	Fri	Sat	Sun
Time You Prefer to volunteer:	A.M. P. M.	Total H	ours Per V	Week A	vailable	
Do you prefer to work:	independently		with oth	ers _	pı	ojects only
Are there any limitations that mig	ght restrict your	voluntee	r activitie	s?		
THANK YOU FOR YOUR	R INTEREST 1	N THE S	SHASTA	PUBL1	C LIBI	RARIES!
Please return this form to the Lib	rary where you	want to v	olunteer.			
Signature of volunteer					Date_	

Volunteer Interest Survey

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
I enjoy speaking in front of groups of people.					
I enjoy working with children.					
I am knowledgeable about computers and enjoy a teaching environment.					
I like helping people with computer questions.					
I enjoy teaching others to read and write.					
I have excellent math skills and love to put them to use.					
I enjoy researching different authors and sharing their work.					
I prefer to follow a consistent, set schedule.					
I enjoy learning about Shasta County History and sharing my knowledge with others.					
I enjoy cultural activities such as films, and music.					
I am detail oriented and learn systems easily.					
I am available evenings and weekends.					

