Library Volunteer Application

South Haven Memorial Library

314 Broadway Street, South Haven MI 49090
Phone: 269-637-2403 ⁕ Fax: 269-637-1685
Email: shml@shmlibrary.org ⁕ www.shmlibrary.org

Date of Application: _____

Name: _____
(last) *(first)* *(middle)*

Address: _____
(street) *(city)* *(zip)*

Phone: _____ home / work / cell *(circle one)*

Email: _____ @ _____

Check if under 18 ☐ Give age if under 18: _____

Availability: *(check all that apply)*

☐ Monday	_____a.m.	_____ p.m.
☐ Tuesday	_____a.m.	_____ p.m.
☐ Wednesday	_____a.m.	_____ p.m.
☐ Thursday	_____a.m.	_____ p.m.
☐ Friday	_____a.m.	_____ p.m.
☐ Saturday	_____a.m.	_____ p.m.

Please list any additional experiences or skills you can provide the library (i.e. computers, crafts, library experience, bulletin boards, showcases, organizational skills, etc.).

_____

_____

_____

_____

Please remember to call the library if you are unable to come at your scheduled volunteer time.

Thank you.

OFFICE USE ONLY

Start Date: _____

Authorized Signature: _____

Date: _____

Notes:

_____

_____

_____

_____

_____

Revised: 11-2021