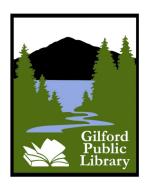
31 Potter Hill Road Gilford, New Hampshire 03249



603-524-6042 603-524-1218 Fax www.gilfordlibrary.org

GILFORD PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

Name	Date	
Address	Phone	
Email:		
Employed/ Name of Employer		
Other (retired/student/homemaker, etc.)	<u> </u>	
Parent or Guardian (if student)		
Parent's Employer		
Volunteer Work Desired	re about yourself: work experience, education, hobbies, inter	rests?
 Covering new materials Cleaning materials as they con Cutting out things for Children Computer skills: deleting old r Reading Shelves 		lls and
 Library Album Shelving Materials		
are voluntary and that I am participating information or Library records as I may	volvement in activities undertaken for the Gilford Public Lilg at my own risk. In addition I agree to keep confidential all encounter. If qualified for voluntary service, I agree to abid. I understand that I will be asked to volunteer as a need exist.	l patron de by
Emergency Contact	Phone_	
Signed		