



# 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](mailto:shml@shmlibrary.org) \* [www.shmlibrary.org](http://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)

- |                                    |            |            |
|------------------------------------|------------|------------|
| <input type="checkbox"/> Monday    | _____ a.m. | _____ p.m. |
| <input type="checkbox"/> Tuesday   | _____ a.m. | _____ p.m. |
| <input type="checkbox"/> Wednesday | _____ a.m. | _____ p.m. |
| <input type="checkbox"/> Thursday  | _____ a.m. | _____ p.m. |
| <input type="checkbox"/> Friday    | _____ a.m. | _____ p.m. |
| <input type="checkbox"/> 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