



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently a member of the Smiths Falls Public Library? \_\_\_\_\_

Are you at least 14 years of age? \_\_\_\_\_

What position(s) are you interested in?

*Special Events Volunteer* \_\_\_\_\_

*Children's Department Volunteer* \_\_\_\_\_

*Puzzles and Crafts Volunteer* \_\_\_\_\_

*Teen Advisory Board Member* (please fill out TAB application instead)

Why are you interested in volunteering at the Smiths Falls Public Library?

Why would you be a great volunteer?

When would you prefer to volunteer (eg. every Wednesday from 5 to 6 pm)?

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please bring completed application to the library circulation desk. Thank you.*