

Port Byron Library

Volunteer Application

For Office Use Only

Date from completed	Date service began	Required No. of Hours	Hours Completed
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<p style="text-align: center;"><u>Volunteer Information</u></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Email: _____ Ph.: _____</p> <p>Emergency Contact Information</p> <p>Name: _____ Ph.: _____</p> <p>Relationship to volunteer: _____</p>	<p>I am volunteering for:</p> <p><input type="checkbox"/> School requirement</p> <p><input type="checkbox"/> Court Requirement</p> <p><input type="checkbox"/> Community Involvement</p> <p><input type="checkbox"/> Other _____</p> <p>If volunteering fulfills school/court requirement:</p> <p>Date assigned: _____ Required completion date _____</p> <p style="text-align: center;">Coordinator Contact Information</p> <p>Name: _____ Ph.: _____</p>
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Availability: I am available beginning _____ on these days and times:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____

Date	No. of Hours	Tasks Performed	Staff Initials	Date	No. of Hours	Tasks Performed	Staff Initials