


WOODBRIIDGE PUBLIC LIBRARY Volunteer Personnel Record

Date: _____ Agency / Dept. _____

Name: _____
Last First MI

Address: _____

Phone: _____ Start Date: _____

	AVAILABILITY					
Days / Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

EMERGENCY NOTIFICATION:

Name: _____
Last First MI

Address: _____

Phone (Home): _____ Phone (Cell): _____

Signature: _____ Date: _____

<<LIBRARY USE ONLY >>

Assigned location: _____ Start Date: _____

Service: _____

Comments: _____