

ADULT VOLUNTEER REGISTRATION
FRIENDS OF THE PALO ALTO LIBRARY
Please Print Clearly

Name: _____ Phone (home/cell): _____

Address: _____ City: _____ Zip: _____

Email Address: _____

We carefully protect your privacy; we do not share your contact information with other organizations.

Areas of Special Interest or Expertise: _____

Occupation/Experience: _____

Preferred Days to Volunteer: (check all that apply)

Mon Tue Wed Thu Fri Sat Sale Days

Morning Afternoon Weekly 2-3 times per week 2-3 times per month

Volunteer activities that you might be interested in: (check all that apply)

Sorting Donations/Main Room Sorting/Children's Room Sale Day Cashier/Floor

Online Book Sales Pick up Donations/Move Boxes Admin/Office Work from Home

How did you learn about FOPAL's Volunteer Program? _____

Emergency Contact

Name: _____ Relationship _____ Phone _____

Doctor/Other _____ Phone _____

- ☛ I agree to take my volunteer commitment seriously and work in a professional manner.
- ☛ I agree to abide by the guidelines set forth in the FOPAL Volunteers Handbook.
- ☛ I understand that my volunteer status entitles me to certain privileges, including the privilege of buying books between Book Sale dates, and that those purchases are subject to limitations set forth in the FOPAL Volunteer Book Buying Policy; further, that those purchases shall be for my own pleasure and not for resale.

Please Sign Here

Date