



# Simi Valley Friends of the Library Bookstore Volunteer Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip Code

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

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

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

**AVAILABILITY (specify hours)**

Day	A.M.	P.M.
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Total hours available per week:

\_\_\_\_\_

Length of availability:

\_\_\_\_\_ Indefinitely

\_\_\_\_\_ Number of weeks

**VOLUNTEER AGREEMENT (AGE 17 AND OLDER)**

Simi Valley Friends of the Library's bylaws state that booksellers/dealers cannot volunteer for our bookstore. By signing below, I acknowledge that I accept and understand this rule. *Volunteers for Simi Valley Friends of the Library must also be current members.* If not a current member, I agree to join Simi Valley Friends of the Library (or renew my membership) and, if applicable, am including my membership form and payment (\$15.00). I agree to volunteer my services to the Simi Valley Friends of the Library beginning \_\_\_\_\_. If I cannot report to work as assigned, I will call as early as I can to inform a Friends' volunteer. I will do my best to represent the Simi Valley Friends of the Library with care and courtesy.

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

**FOR SVFOL USE ONLY** – Applicant's name \_\_\_\_\_

Cleared  Member Dues Paid in Full: Y/N