

Miami-Dade Public Library System
VOLUNTEER AGREEMENT FORM



volunteers@mdpls.org

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Mobile Phone: _____ Home Phone: _____

Are you 16 years of age or older? Yes No

Driver's License/Picture ID Number: _____ DOB: _____

Are you fulfilling requirements for community service hours? Yes No

Are you fulfilling requirements for academic credit? Yes No

Do you have a library card? Yes No

If not, are you able to get a library card on your first day of volunteering? Yes No

When are you available to start as a volunteer? _____

Which areas are of interest to you? Check all that apply:

Shelving / Clerical Yes No Friends of the Miami-Dade Public Library Yes No

Prepare Crafts Yes No Project L.E.A.D. Yes No

Sort / Pack Yes No
If yes, contact: projectlead@mdpls.org.
Training required. Must be 18 yrs. or older.

What skills do you possess that would make you an asset to the Miami-Dade Public Library System? Check all that apply:

Organized Friendly Computer Savvy Artistic Customer Service

Detail Oriented Other: _____

I request approval to volunteer my services at the _____ ,

Branch/Department under the supervision of: _____
Name Title

