

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 NoAre you fulfilling requirements for academic credit? Yes NoDo you have a library card? Yes NoIf 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 NoPrepare Crafts Yes No Project L.E.A.D. Yes NoSort / 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

