**ANYTHINK SIDEKICK (VOLUNTEER) INTEREST FORM**

Name: Phone Number: Date:

Address: City: State: Zip:

Email:

Anythink location you are interested in volunteering at:

Position of Interest:

|  |  |
| --- | --- |
| Days Available: | Times Available: |
| [ ]  Monday |  |
| [ ]  Tuesday  |  |
| [ ]  Wednesday |  |
| [ ]  Thursday |  |
| [ ]  Friday |  |
| [ ]  Saturday |  |

How many hours are you willing to work? Weekly or Monthly

If you are meeting a service requirement for school or other, how many hours are required?

Why do you want to volunteer at the library?

Please list 2 references (co-workers, teacher, neighbors, coaches):

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Email Address** |
|  |  |  |
|  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_