

SIDEKICK INTEREST FORM

Legal Name:

Preferred Name:

Date:

Address:

City:

State:

Zip:

Phone Number:

Email:

Preferred Contact: Email or Phone (circle one)

Anythink location you are interested in volunteering at:

Position of Interest:

Days Available:	Times Available:
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	

Why do you want to help at the library?

Can you commit for 3 to 6 months?

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

Name	Phone Number	Email Address

❖ MUST BE 14 YEARS OR OLDER TO BE A SIDEKICK WITH US

I verify that I am 14 years of age or older

Signature: _____

Date: _____