

Book Buddy Volunteer Application

| | | | |
|--------------------------|--|---|--|
| Library to Assist | | Date | |
| Name | | | |
| Address | | | |
| Date of Birth | | Email Address | |
| Home Phone | | Cell Phone | |
| Preferred Contact Method | | <input type="radio"/> Email <input type="radio"/> Phone | |

Availability

Please mark the days and times you are available. It is not necessary to volunteer for the entire block of time noted; an hour or two is plenty! If you have specific times you want to volunteer, please make a note in the appropriate box.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning 10-12pm | | | | | | | |
| Afternoon 12-5pm | | | | | | | |
| Evening 5-9pm | | | | | | | |

Sample Volunteer Duties:

- Looking up items in the online catalog
- Placing holds
- Pickup and delivery of requested items to patron
- Maintain Record of requested items
- Recording volunteer hours at Library

Thank you very much for your interest. We will be in touch within 10 days.

By applying, I agree to appear for a brief interview, if requested. If selected as a volunteer, I will attend any required orientation session(s). I understand that New Castle County volunteers shall not be entitled to any compensation, health or life insurance, or any other County employee benefits. Permission is also given for New Castle County to use any photographs or video which includes my image for promotional purposes without expectation of compensation.

Signature

Date



County Executive Matthew Meyer
 New Castle County Libraries · New Castle County Department of Community Services
 77 Reads Way, New Castle, DE 19720

Susan Joseph, Book Buddy Coordinator · 302-395-5656