



Volunteer Application Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Best way to contact you: _____

Check the volunteer work you are interested in doing (check all that apply):

- Computer work
- Cleaning Books
- Shelving Books
- Phone
- Moving Shelves
- Moving Books
- Mending Books
- Cleaning Disks
- Organizing Shelves
- General Disinfecting (chairs, tables, books)
- Labeling Books
- General Book Maintenance (checking for damages)
- Delivering Books to Homebound

Are you interested in working:

- Independently at the library
- With a partner
- In a group

Available hours:

- Morning
- Afternoon
- Evening
- Weekends
- Special Events

How often would you like to volunteer?

- Regularly. How many hours per week? _____
- Periodically. How many hours per month? _____
- Work on a one-time or short-term project.

Do you speak a language other than English?

- Yes (Please specify): _____
- No

Employment or volunteer history: _____

Education or special skills: _____

Please return the completed application to:
Bentonville Public Library, 405 S. Main Street, Bentonville AR 72712
ATTN: Volunteer Coordinator