

STUDENT VOLUNTEER REGISTRATION FRIENDS OF THE PALO ALTO LIBRARY

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell/Mobile: _____

Email Address: _____

We carefully protect your privacy; we do not share your contact information with other organizations.

School: _____ Age: _____ Year: Frosh Soph Junior Senior

Community Service fulfillment for school?: (circle one) YES NO

Number of Hours Needed: _____ Date service needs to be completed: _____

Preferred Days to Volunteer (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sale Days

Preferred maximum number of hours per week: _____ No Maximum

Parent/Guardian Information:

Name: _____ Phone (if different from yours) _____

Address (if different from your own): _____

Emergency Contact: Use parent listed above

Name: _____ Relationship: _____

Phone Number (if not the same as your own): _____

☛ I AGREE to take my volunteer commitment seriously and work in a professional manner.

☛ I AGREE to abide by the guidelines set forth in the FOPAL Volunteers Handbook.

☛ I UNDERSTAND that my volunteer status entitles me to certain privileges, including the privilege of buying books between Book Sale dates, and that those purchases are subject to limitations set forth in the FOPAL Volunteer Book Buying Policy; further, that those purchases shall be for my own pleasure, and not for personal benefit.

Date: _____

Student

*I hereby give my permission for my son
or daughter to volunteer with the Friends
of the Palo Alto Library.*

Parent/Guardian