VOLUNTEER INFORMATION FORM

Name ____________________________ Date ____________
Address and Zip Code ________________________________________________
Phone __________________ Email _______________________________________

I am interested in volunteering at Channing Way Bookstore ____
I am interested in volunteering at Central Library Bookstore ____

Days and hours available _____________________________________________

Reference (i.e. employer or supervisor, friend or neighbor)
Name ____________________________ Phone __________________

Previous volunteer experience (if any) _________________________________
_______________________________________________________________

Special skills and/or interests _______________________________________

Are you a member of the Friends of the Berkeley Public Library? Yes ___ No ___
(Membership is encouraged but not necessary to be a volunteer).

How did you hear about the Friends’ bookstore? _________________________

In case of emergency notify _________________________________________
_______________________________________________________________ Phone __________________

Please return this form to:

The Friends of the Berkeley Public Library
Channing Way Bookstore,
2433 Channing Way, Berkeley, CA 94704
Attention: Lucia Blakeslee
Friends email: berkeleylibraryfriends@gmail.com