



## Personal Information

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_

## Occupation and/or Education

Highest school grade/year completed (circle one) 6 7 8 9 10 11 12

College (years) \_\_\_\_\_ Degree(s) \_\_\_\_\_

## Volunteer Interests

Why do you want to volunteer? \_\_\_\_\_

At which Branch Library would you like to volunteer?

- Bodden Town   
  Cayman Brac   
  East End   
  George Town   
  North Side   
  West Bay

Please indicate the hours you are available each day:

Mon: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_

Tue: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_

Wed: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

## Tasks

In what areas would you like to assist?

- Book Covering   
  Book Repair   
  Book Shelving   
  Event Assistance  
 Fundraising   
  Marketing   
  Storytelling   
  Volunteer Recruitment

## PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Cayman Islands Public Library.

Parent/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

REFERENCES		
Name _____	Relationship _____	Contact No./Email _____
Name _____	Relationship _____	Contact No./Email _____
Name _____	Relationship _____	Contact No./Email _____

Staff Signature \_\_\_\_\_ Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_