Rehoboth Beach Library Volunteer Application Please Print, Complete and Mail or Drop Off: Rehoboth Beach Library

226 Rehoboth Avenue Rehoboth Beach, DE 19971-2134

Name:						
Address:						
City:	State:		Zip	Zip:		
Telephone: ()						
Birth date: Month:		Day:_				
Emergency Contact:	Phone:					
Education (Highest level of	completed):					
Skills/Work Experience:_						
Previous library experience/training:Where						
Special accommodations to Poor vision: E		Hearir	ng:	Standing:_		
Availability: Mon Morning Afternoon	Tues	Wed	Thurs	Fri 	Sat	
Evening Special Projects:						
I agree to volunteer my un all policies and regulation Library, nor am I eligible I feel I cannot perform my agreement may be cancele	s. I underst for any of the duties efficient	and that I am he benefits of	not employed an employed	d by the Rehoe. I understan	oboth d also that if	
Signature:	Date:					
If under 18 year of age						
I agree to allow my son/da conditions outlined above	_	olunteer at th	e Rehoboth F	Beach Library	under the	
Sionature			Date:			