

FRIENDS OF THE WEST PITTSTON LIBRARY

VOLUNTEER INFORMATION SHEET

(PLEASE PRINT)

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

____ CHECK HERE IF THIS INFORMATION CAN BE SHARED WITH OTHER MEMBERS OF
THE FRIENDS GROUP

EMERGENCY CONTACT - NAME & NUMBER _____

____ CAN YOU ATTEND MONTHLY MEETINGS CURENTLY HELD DURING THE
DAY. IF NO WOULD YOU BE INTERESTED IN ATTENDING EVENING MEETS ONCE
A MONTH OR QUARTERLY?