



47 Broad Street - Pittston, PA 18640
Phone: 570-654-9565 - Fax: 570-654-6078
www.pittstonmemoriallibrary.org

Date: _____

Name: _____

Address: _____

Phone: _____

eMail: _____

Birthday: (Just Month and Day) _____

Do you have previous library experience? YES NO

If yes, briefly describe: _____

Are you willing to shelve books? (place returned items on shelves) YES NO

Are you willing to shelf read books? (correct order of items on shelves) YES NO

Are you...(circle all that apply)

A high school student performing school or organizational service? YES NO

If so, which organization and/or school _____

A college student? YES NO

School name: _____

Currently employed? YES NO

Retired? YES NO

What days and hours are you available to volunteer? _____

Please sign and date:

Name: _____ Date: _____

Parent/Guardian Signature, if under 18: _____

Name and telephone number of person to contact in case of emergency:

Name: _____ Phone: _____