**VOLUNTEER FORM**

**Safford City - Graham County Library Friends (SAGLIF)**

**Date\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What type of volunteer work would you like to do? Check all that apply.**

**\_\_\_ Baking (Holiday Bake Sale)**

**\_\_\_ Baking (Dessert of the Month)**

**\_\_\_ Salesperson at Holiday Bake Sale**

**\_\_\_ Salesperson at Bling Fling**

**\_\_\_ Salesperson at book sales**

**\_\_\_ Snacks/water at Friends Night Out**

**\_\_\_ Working a registration table at Friends-sponsored events**

**\_\_\_ Other: Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please return form to the library’s circulation desk. Thanks so much!**