

VOLUNTEER FORM

Safford City - Graham County Library Friends (SAGLIF)

Date _____ Name _____

Mailing Address _____

City _____ Zip _____ Email _____

Telephone Number(s) _____

Volunteer Experience _____

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. _____

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