

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!