



St. Ignace Public Library

110 W. Spruce Street • stignacelibrary.org • 906-643-8318

St. Ignace Public Library Volunteer Application Form

Name: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____

Email: _____

Best time/method to reach you: _____

Please list below the hours you can work on the following days:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

Please do not put "anytime". Think carefully about when you can absolutely be here.

What is your reason for wanting to become a library volunteer? (Community service, love reading, useful on college applications, etc.) Tell us in your own words.

Date: _____

Signature: _____

If you are under 18 please have your parent or guardian sign this form

Parent/Guardian Signature: _____