



Volunteer Application

*Thank you for your interest in
volunteering at the Lopez Island Library.*

We love our volunteers!

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

CREWS OF INTEREST

- _____ **Book Wranglers:** Shelving & Circulation support
- _____ **Welcoming Committee:** Greeting Library patrons/docent
- _____ **Program Pros:** Assisting Adult Programs
- _____ **Paparazzi:** Taking photographs at Programs
- _____ **Story Elves:** Assisting family and youth programs
- _____ **Crafternooners:** Assisting adult arts and craft-based programs
- _____ **Book Doctors:** Mending books
- _____ **Book Wrappers:** Covering books
- _____ **BiblioBlooms:** Gardening and landscaping
- _____ **Roadies:** Musical instrument knowledge: ability to play, repair, maintain
- _____ **Crafty Cornerers:** Cleaning & organizing craft corner
- _____ **Tech Support:** Assistance with computers, online interfaces, devices, etc.
- _____ **Shelf Readers:** Detailed organization of shelved materials
- _____ Helping Friends of the Library sort donated materials
- _____ Set up & take down of chairs & tables
- _____ Assisting in changing book displays

SKILLS OR TALENTS THAT YOU WOULD LIKE TO SHARE : _____

THE LOPEZ LIBRARY BOARD OF TRUSTEES SET A POLICY THAT ALL STAFF AND VOLUNTEERS MUST BE FULLY VACCINATED AGAINST COVID-19. PLEASE ATTEST THAT YOU ARE FULLY VACCINATED:

YES

NO