

South Plainfield Public Library

2484 Plainfield Avenue
South Plainfield, New Jersey 07080
(908) 754-7885

Volunteer Application

Date of Application _____

Name _____ Age (if minor) _____

Address _____

Phone Number _____

Email Address _____

Emergency Contact Name and Phone Number _____

Write hours you would be available:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Experience _____

Thank you for your interest in volunteering at the library. If anything should come up, I will be contacting you.

Ms. Audrey (908) 754-7885 ext 4 or acupo@southplainfield.lib.nj.us