

FRIENDS & ADVOCATES  
Volunteer Application

DATE \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL #1 \_\_\_\_\_

EMAIL #2 \_\_\_\_\_

EMERGENCY CONTACT (name) \_\_\_\_\_

(phone) \_\_\_\_\_

BIRTHDAY MONTH \_\_\_\_\_

LOCATION PREFERENCE

\_\_\_ Cumming Bookstore \_\_\_ Post Road Bookstore \_\_\_ Sharon Forks Bookstore

Days Available to Volunteer \_\_\_\_\_

Times Available to Volunteer \_\_\_\_\_

YES / NO Would you be interested in helping with special events?