



Please email brocirc@shortgrass.ca

Attn: Volunteer Coordinator

(403)-362-2947

BROOKS PUBLIC LIBRARY

Volunteer Registration

Name: _____ Age (if under 18): _____

Phone Number(s): _____

Email: _____

Volunteers begin with **one hour** per week. What day and time would you like to volunteer? Please circle **one** of the following days:

Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	Time: _____

Would you like to volunteer with our Friends of the Library? _____

The Friend of the Library Society helps secure funds for special programming and materials that the library could not otherwise afford. They meet approximately 5 times a year.

Teens would you like to volunteer on the Teen Advisory Board? _____

The Teen Advisory Board (T.A.B.) helps plan teen programs, helps choose items for the Teen section, plan teen programs, and more. They meet on the first Monday of every month at 4 pm.

Do you have any limitations that we should be aware of?

If needed, do you agree to submit to a criminal record check? _____

Thank you for wishing to volunteer at Brooks Public Library, we will contact you shortly to discuss volunteer opportunities.