



Parsippany-Troy Hills Public Library System  
 Main Library  
 449 Halsey Road  
 Parsippany, NJ 07054  
 973-887-5150

### Adult Volunteer Application

Name:  Date:

Address:  Library Card #:

Email:  Phone:

Thank you for your interest in volunteering at the Parsippany-Troy Hills Public Library. Please note that volunteer opportunities can be long or short term. Volunteers are contacted on an as needed basis. There is a separate application for Teens.

Why do you wish to volunteer at the Library?

List any skills you have:

Please indicate what department(s) you are interested in working in:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Customer Service</b><br>Shelving<br>Process items for delivery/pickup<br>Assisting Library Pages | <input type="checkbox"/> <b>Children's Services</b><br>Shelving<br>Preparing Crafts<br>Assist in setting up for Story Time/Crafts |
|--|---|

Please indicate your availability:

Days Available	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send completed applications to: [bill.harrison@parsippanylibrary.org](mailto:bill.harrison@parsippanylibrary.org)

To be completed by Staff Member:  
 Date Received:  
 Staff Initials:  
 Contacted: