

Ringwood Public Library

30 Cannici Drive, Ringwood, NJ 07456



Application for Volunteering

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

1. When are you available: Days? _____

Nights? _____

Weekends? _____

2. Approximately how many hours per week are you interested in volunteering? _____

3. Do you have any special skills or interest areas that you feel would be applicable to your volunteer work at the library? _____

Please detail: _____

Thank you for your interest! We will contact you shortly.