

VOLUNTEER APPLICATION

Please return completed application to BOOKSAVERS of Maryland:

13625-B Pennsylvania Avenue
Hagerstown, MD 21742

(301) 665-1525

(301) 797-7790 fax

booksavers@myactv.net



GENERAL INFORMATION

Name: _____ Date: _____
first initial last

Address: _____
number street apt, unit

_____ state _____ zip code

HomePhone#: _____ CellPhone#: _____

Email: _____

Preferred Method of Contact: Home Phone Cell Phone Email

Age: Teen 14-17 Adult 18+ Birthday (month and day only) _____

Have you ever been convicted as an adult for a criminal violation: Yes No

How did you first hear about Booksavers? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

AREAS OF INTEREST

Check all that apply. See other side for more details .

- Initial Sorting of Book Donations Packaging Books to be Mailed Truck Runs to Pick up Books at Schools
 Listing Books on On-line Bookstores Retail Store Assistant/Cashier Baling Paper & Cardboard for Recycling

AVAILABILITY

Please indicate the days of the week and times you are available to volunteer.

Regular Basis Days and times: _____

Summer Help Only Earliest start date: _____

REFERENCES

List two employers, supervisors, teachers or non-relatives we may contact.

Name: _____ Relationship: _____ Phone: _____

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