

VOLUNTEER FORM

Alameda County Library Foundation

2450 Stevenson Boulevard, Fremont, CA 94538

aclf@aclibrary.org

Name: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

Are you a: Student Working Professional Community Volunteer Other _____

Students, please select grade: 9th Grade 10th Grade 11th Grade 12th Grade College

Students, are you in need of community service hours? Yes / No

Why would you like to volunteer for the Alameda County Library Foundation (ACLF)?

How did you hear about this opportunity? _____

How many hours per week are you available to volunteer? (Please choose one)

1 – 3 hours 4 – 6 hours 7 – 9 hours Other _____ Special Events Only

Please list any relevant experience: _____

_____ No direct experience but would love to help out!!!!

_____ I am unavailable to assist, but I would like to make a donation.

May we contact you for future ACLF volunteer opportunities? Yes / No

Please provide an Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Please submit completed applications to:

ATTN: Alameda County Library Foundation

Email: aclf@aclibrary.org

Phone: 510.505.7077

Fax: 510.793.2879

Mail: 2450 Stevenson Blvd., Fremont CA 94538

