



Bookmarks Volunteer Application

Name:		
Email Address:	Phone:	
Current address:		
City:	State:	ZIP Code:
EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone:	
<p>The BookMarks are looking for volunteers to help with the following events that we sponsor.</p> <p>The BookMarket, in the Library.</p> <p>Speaking Volumes, the last Friday of October.</p> <p>The Murder Mystery in February.</p> <p>The annual book sale, the last weekend of April.</p> <p>The Author Book Sale.</p>		
<p>I would be interested in volunteering for:</p> <p>The BookMarket: ____</p> <p>Speaking Volumes: ____</p> <p>The Murder Mystery: ____</p> <p>The annual Book Sale: ____</p> <p>The author book fair: ____</p> <p>Day: ____</p> <p>Time: ____</p>		