



Dongara Public Library Volunteer Expression of Interest Form

Applicant Details

Mr. Mrs. Ms. Miss Master Other

Last Name: _____ First Names: _____

Contact Number: _____

Address: _____

Email: _____

Availability

Please tick the days you would prefer to volunteer:

Monday

Morning

Weekly

Tuesday

Afternoon

Fortnightly

Wednesday

All Day

Monthly

Thursday

Friday

Saturday

Do you have any skills/hobbies which will be of particular use in your volunteer work?