

# Port Hope Public Library

## Friends of the Library Expression of Interest Form

Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

### Special Skills: (Circle all that apply)

Marketing

Fundraising

Advocacy

Social Media

Public Speaking

Accounting

Technical Skills

Other:

Minimum time commitment: \_\_\_\_\_ hours per month

How did you hear about this volunteer opportunity? \_\_\_\_\_

\_\_\_\_\_

What excites you about this opportunity? \_\_\_\_\_

\_\_\_\_\_

Please complete the form and hand in to either branch of the Port Hope Library.

Thank you for your interest in Friends of the Library.