



OPL Volunteer Intake Form  
Adult Literacy Program

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Library Card # 2 2 9 4 1 0 0 0 \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact information:

Name \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

Phone number \_\_\_\_\_

Scheduling:

Which days/times are best for you?

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_

Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_

Fridays \_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_

Date of Orientation \_\_\_\_\_

Date of beginning volunteer work \_\_\_\_\_

Date of ending volunteer work \_\_\_\_\_