

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/Outreach 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.