

SIDEKICK INTEREST FORM

Name:

Phone Number:

Date:

Address:

City:

State:

Zip:

Email:

Anythink location you are interested in volunteering at:

Position of Interest:

Days Available:	Times Available:
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	

Why do you want to help at the library?

Can you commit for 3 to 6 months?

Please list 2 references (co-workers, teacher, neighbors, coaches):

Name	Phone Number	Email Address

Signature: _____ Date: _____

If you are under 16, please have a parent sign below:

I, _____, give permission for my son/daughter
_____ to sidekick at Anythink.

Parent Signature: _____ Phone: _____