



**FRIENDS OF GULF GATE LIBRARY BOOKSTORE VOLUNTEER APPLICATION**

*Thank you for your interest in volunteering at the FOGG Bookstore!  
Please complete the information below and return this form to the Volunteer  
at the Bookstore Desk\*.*

**PLEASE PRINT CLEARLY:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**YOUR AVAILABILITY TO VOLUNTEER AT THE BOOKSTORE:**

Year-Round Resident       Seasonal Resident \_\_\_\_\_ thru \_\_\_\_\_  
(Month)      (Month)

**Yes, I am interested in the following Bookstore shift(s):**

Mon    Tues    Wed    Thurs    Fri    Sat

**Shift Preference:**

10am – 12:30pm    12:30pm – 3:00    3:00pm – 5:00pm

**\*Bookstore Volunteers are expected to be members of Friends of Gulf Gate Library.**