



2300 Elmwood Avenue
Rochester, NY 14618
(585) 784-5320
www.brightonlibrary.org

PIRS REGISTRATION FORM

Form for Volunteer

Name: _____

DOB: _____

Address: _____

Phone: _____

Best time to call: _____

E-mail: _____

Alternate contact: _____ Phone: _____

Why do you want to volunteer for the PIRS program?

What previous job or volunteer experience do you have?

Please continue to the next page

Please check which days and times you are available during the week:

MONDAYS	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM _____	AM _____	AM _____	AM _____	AM _____	AM _____	AM _____
PM _____	PM _____	PM _____	PM _____	PM _____	PM _____	PM _____

Please check all that apply for what services you want to participate in:

____ Read to a senior resident ____ Delivery of items ____ I would like to do both

How often do you want to deliver or to read: _____

Favorite authors or books:

Favorite movies, actors, or directors:

Favorite musicians or type of music:
