



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

PIRS REGISTRATION FORM

Form for Volunteers

Name: _____

Address: _____

Phone: _____ Best time to call: _____

E-mail: _____

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: AM _____ PM _____

TUESDAYS: AM _____ PM _____

WEDNESDAYS: AM _____ PM _____

THURSDAYS: AM _____ PM _____

FRIDAYS: AM _____ PM _____

SATURDAYS: AM _____ 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: _____
