Friends of the J Joel Edwards Public Library

A non - profit 501(c) 3 organization

Volunteer Application WE NEED YOU - - -

Please reach out to me with more information.

Applicant's firs	st name:	Last name:	
Mailing Addre	ss:		
City:	State: _	Zip Code:	
Home:	Mobile:	Office:	
Email address	· ·		
	What are you intere	ested in helping with?	
Fundraising		Event Planning	
Food		Other:	
Social Media			
C	Completed application	n should be submitted to:	
•	• JJEPL, P.O. Box 1	d Public Library front desk 1353, Zebulon, GA 30295 of the Library Board Memk	oer
or SE Stan		Today's date	e:
RIENDS			

www.FriendsofJoel.com

of the J Joel Edwards Public Library Post Office Box 1353 Zebulon, GA 30295