

NAME:					DATE:		
ADDRESS:							
CITY:					ZIP CODE:		
PHONE NO:					EMAIL:		
LIST FREE TIME IN BLOCKS OF TWO HOURS OR MORE							
8 AM -- 11 PM				8AM--6PM	9AM - 8 PM	11AM - 8 PM	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
OFFICE USE ONLY							
ASSIGNMENTS							

STUDENT AIDE APPLICATION

Name: _____ Date: _____

Address: _____

Telephone: (_____) _____ Cell: _____

Class Standing (circle one): Freshman Sophomore Junior Senior Graduate

What is your major? _____

Have you ever worked in a library? Yes _____ No _____

If yes, (a) Which library? _____

(b) What semester(s)? _____

(c) What part of the library? _____

(b) What were your duties? _____

If given a preference, where in the libraries would you like to work?

Please indicate any pertinent additional skill(s) or limitations that you wish to include:
