



An affiliate of Thomas Edison State University

**TALKING BOOK & BRAILLE CENTER
VOLUNTEER APPLICATION
(800) 792-8322**

Name: _____ Birth date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency contact person/phone number: _____

Where did you hear about TBBC? _____

Occupation (current or pre-retirement): _____

How would you like to help (check all that apply):

Shipping Special Events Clerical Other

TBBC is open 8:30 a.m. to 4:15 p.m. Monday through Friday. Please indicate which day(s) you would be available to volunteer:

Monday Tuesday Wednesday Thursday Friday Any

Please specify what hours you are available: _____

Could you be available to substitute on short notice? Yes No

Start date: _____

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Signature

Date