MASTICS MORICHES SHIRLEY COMMUNITY LIBRARY

Literacy Department

Student Application

_____ Date _____

(*Office use only)*

Please Print Clearly

Name _____

First **Last**

Male _____ Female _____ **Date of Birth MM/DD/YY _____/_____/_____**

Street _____Town _____Zip code _____

Home phone (_____)_____Cell phone (_____)_____

E-Mail address _____ Does applicant speak any English? Yes ____ No ____

If no, English speaking contact person _____Phone _____

Have you ever applied to our program before? Yes ____ No ____

Primary Language_____ Native Country _____

Are you employed? Yes ____ No ____ What is your occupation?_____

Do you have a library card? Yes_____ No _____

When are you available? (check as many as possible)

	Morning	Afternoon	Evening		Morning	Afternoon	Evening
Monday	_____	_____	_____	**Friday**	_____	_____	_____
	_____	_____	_____		_____	_____	_____
Tuesday	_____	_____	_____	**Saturday**	_____	_____	_____
	_____	_____	_____		_____	_____	_____
Wednesday	_____	_____	_____	**Sunday**	_____	_____	_____
	_____	_____	_____				
Thursday	_____	_____	_____				

Mastics-Moriches-Shirley Community Library, 407 William Floyd Parkway, Shirley, NY, 11967
Phone (631) 399-1511 Extension 215 or 220