

Volunteer Application Form

Today' s Date: _____

Name: _____

Address: _____

Town, State, Zip: _____

Telephone: _____

E-mail: _____

Are you fourteen years old or older? Yes No

What is the best time to call you? Mornings Afternoons Evenings

Have you ever volunteered or applied to volunteer for the Friends of the library before? Yes No

Are you volunteering to fulfill court ordered community service? Yes No

Were you referred to us by another volunteer or governmental agency? Yes No

Are you volunteering to meet a public service requirement set by your school or that
of another organization? Yes No

If you answer yes to either of the previous questions, please provide the name of the agency or organization along with the name of a contact person and his or her telephone number.

Agency/Organization: _____

Contacts Name: _____ Telephone: _____

Are you willing to let the Town run a criminal background check on you? Yes No

[Minors Only] Do you have permission of a parent or guardian to work as a volunteer? Yes No

Do you have a friend or family member who works or volunteers here? Yes No

Please supply the name and telephone number of a person outside of your immediate family that we may call as a reference.

Name of Reference: _____ Telephone: _____

Friends of the Seekonk Public Library

Volunteer Application Form

I would like to be contacted about any of the following volunteer positions. [Please check the appropriate boxes.]

- Book Sale
 - Fundraising
 - Landscape Maintenance
 - Indoor Plant Maintenance
 - Delivery to the Homebound
 - Media Cleaning
 - Newsletter & Mailing Committee
 - Boxing & Moving Donations
 - Computer Maintenance
 - Membership Committee
- I would like to serve in another role. [Please describe it briefly on the lines below.]
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Please describe any previous training or experience that may be relevant to your volunteer interest.

Please feel free to use the back of this application to provide additional information about your qualifications.

Do you have any limitations or restrictions that would affect your ability to serve as a volunteer? [If so, please describe them below.]

On what basis would you be able to volunteer? Please check the box with most appropriate answer.

Regularly on a Weekly Schedule Regularly on a Monthly Schedule Occasionally, Only As Needed

Please put check marks in the boxes below to indicate when you prefer to volunteer.

DAY / TIME	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

If you prefer a weekly schedule, what is the total number of hours you can volunteer per week?

- Less than 2
 2 to 4
 5 to 7
 8 or more

If you prefer a monthly schedule, what is the total number of hours you can volunteer per month?

- Less than 2
 2 to 4
 5 to 7
 8 or more

On what date would you be available to start volunteering? _____

How long would you be willing to commit yourself?
 three months
 six months
 one year

Only For Those Interested in the Homebound Delivery Service

Are you twenty-one years old or older? Yes No

Do you have a valid Massachusetts drivers license? Yes No

Can you provide proof of motor vehicle insurance? Yes No