

Volunteer Application Form

Date: _____

Name: _____

Address: _____

Telephone: _____

E-mail: _____

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

Please contact me about any of the following volunteer positions:

Book and Materials Processing

General Housekeeping

Fundraising

Computer Maintenance

Landscaping and Gardening

Sorting & Boxing Donations

Delivery to the homebound

(Other) _____

Please describe any previous training or experience that may be relevant to job(s) you selected above.

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

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Have you ever volunteered or applied to volunteer at this library before? Yes No

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

Are you volunteering to meet the community service requirements 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: _____

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			

What is the total number of hours you can work per week? 2 to 4 5 to 7 8 or more

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

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

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Are you currently employed by the Town of Seekonk? Yes No

Are you willing to allow the library run a criminal background check? Yes No

If you are a minor, 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

Homebound Delivery Service Only

Do you have a valid Massachusetts drivers license? Yes No

License number: _____

Can you provide proof of motor vehicle insurance? Yes No

Insurance carrier: _____

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

Name of Reference: _____ Telephone: _____

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