

Seekonk Public Library



410 NEWMAN AVENUE, SEEKONK, MASSACHUSETTS 02771

508-336-8230

January 2010

Dear Volunteer Applicant:

Thank you for your interest in volunteering at the Seekonk Public Library. As an agency of town government, the library does not use volunteers in place of staff. The library is supported however by two non-profit organizations that may need volunteer help. These are the Friends of the Seekonk Public Library and the Seekonk Library Trust. These two organizations raise funds to supplement library programs.

The attached application form lists several jobs that are available for volunteers. Please fill out the application if you find any of them interesting. Leave the form with a staff person at the Customer Services Desk. The library will forward your application to either the Friends or the Library Trust depending on your interests.

The volunteer coordinate will keep your application on file until an opening occurs. Someone from either the Friends or Trust will call you to arrange for an interview when there is an opening. When selecting candidates, preference is given to those willing to make a long term commitment. Short-term volunteers are only called for special projects, and these opportunities are extremely limited.

Because of potential liability issues, we will only consider people for volunteer positions who are at least fourteen years old. We will also not consider people who need to perform court-ordered public service. It is a policy of the Town of Seekonk that all volunteers working in Town Departments must have a criminal background check and they must sign a waiver of liability.

Feel free to call me at (508) 336-8230, ext. 110 if you have any questions and thank you again for your interest in volunteer service.

Sincerely,

Peter F. Fuller
Associate Director

Volunteer Application Form

YOUR CONTACT INFORMATION

Today' s Date: _____

Name: _____

Address: _____

Town, State, Zip: _____

Telephone: _____

E-mail: _____

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: _____

Volunteer Application Form

YOUR INTERESTS

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

- | | |
|--|---|
| <input type="checkbox"/> Book Sale | <input type="checkbox"/> Media Cleaning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter & Mailing Committee |
| <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> Boxing & Moving Donations |
| <input type="checkbox"/> Indoor Plant Maintenance | <input type="checkbox"/> Computer Maintenance |
| <input type="checkbox"/> Delivery to the Homebound | <input type="checkbox"/> Membership Committee |

I would like to serve in another role. [Please describe it briefly on the lines below.]

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.]

YOUR AVAILABILITY

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

For Those Interested in the Homebound Delivery Service

Do you have a valid Massachusetts drivers license? Yes No

Can you provide proof of motor vehicle insurance? Yes No



TOWN OF SEEKONK

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CORI REQUEST FORM

The Seekonk Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for employment for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT INFORMATION *(please print)*

_____ **Last Name** _____ **First Name** _____ **Middle Name**

_____ **Maiden Name or Alias (if applicable)** _____ **Place of Birth**

_____ **Date of Birth** _____ **Social Security Number**
(Requested but not required.) _____ **Mother's Maiden Name**

Former Addresses: _____

Sex: _____ **Height:** _____ **ft.** _____ **In.** **Weight:** _____ **Eye Color:** _____

State Driver's License Number: _____

APPLICANT SIGNATURE _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Requested by: _____
Signature of CORI Authorized Employee