Easthampton Public Library Volunteer Application

Please complete this form to be considered for a volunteer position. You will be contacted by a staff member when a potential opportunity becomes available. Approved volunteers are matched with appropriate projects for a specified length of time.

Date	
First Name	Last Name
Address	
Phone Number	
Are you at least 12 years old	1? Yes No
Emergency Contact	
Name	
Hours Available:	
Monday:	Tuesday:
Wednesday:	_ Thursday:
Friday:	
Is this for (circle one) Cour Number of Hours Required:	t Ordered/School Community Service? Yes No
Do you need to have these h	ours completed by a certain date?
Yes Date Neede	d By: No

(OVER)

Please circle the potential tasks that interest you:

Book shelving/ shelf maintenance Cleaning/maintenance Clerical work Assist patrons in using computers Book mending Volunteering with the Emily's Friends of the Library Sharing a skill/Teaching a course (i.e. tutoring, tax help, IT support, leading workshops) Other (please specify)______

Other interests, hobbies and skills (include knowledge of languages):

Please describe any previous library experience/volunteer experience that you have had:

Please note all prospective volunteers for the Emily Williston Memorial Library will be asked to submit a Criminal Offense Records Investigation (CORI). Applicants under the age of 18 must also have signed permission from their parent or legal guardian.

I certify that the answers contained in this application are true and complete to the best of my knowledge.

Signature Parent/Guardian

Please complete this application clearly and return it to the library or mail it to:

Easthampton Public Library Re: Volunteering 9 Park Street Easthampton, MA 01027 413-527-1031

Thank you for your interest in the Easthampton Public Library!