

Woods Memorial Library Volunteer Application

19 Pleasant Street, Barre, MA 01005 • (978) 355-2533 • barrelibrary@gmail.com • barrelibrary.org

Applicant Information

Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Circle One:

Middle School or under

High School Student

Adult

Emergency Contact

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relation: _____

Applicant Signature

By signing this form, you certify that you have read and understand the Woods Memorial Library's Volunteer Policy, and that the information on this application is true and complete.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR LIBRARY PERSONNEL USE ONLY

Date Contacted: _____ Date of Interview: _____

Date of Orientation: _____ Staff Signature: _____

Job Assigned: _____

Application Questions

1. Please list any special skills.

2. Why do you want to volunteer at the library?

3. Do you have any employment/volunteer experience?

Circle one:

Yes

No

If yes, please list the organizations and type of work you did.

4. Please list the times you are available to volunteer in the chart below.

Day of the Week	Mornings	Afternoons	Evenings
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

5. Please check off tasks with which you would be willing to assist.

Ongoing:

- Shelving
- Shelf-Reading
- Item Processing (stamping, covering, etc.)
- Reference/Research
- Computer Tasks
- Typing
- Children's Room Help (ex. craft prep.)

Occasional (Seasonal):

- Yard Work
- Holiday Events
- Book Sales
- Program Support