

VOLUNTEER APPLICATION (Reviewed June 19, 2019)

Name _____ Date _____

Address _____

Phone _____ Cell _____

Email _____

Emergency Contact _____ phone _____

Age if between 16 & 17 _____ (Signed letter from parent or guardian; proof of age)

Previous Volunteer Experience _____

Have you volunteered or worked in a library before? _____

Please list any special skills that may be of interest to the Library _____

Please list any special accommodations we need to consider: _____

Availability (Circle all that apply) Mon. Tues. Wed. Thur. Fri. Sat. (school year only)

How long do you plan to serve as a volunteer?

- Short-term
- Regular, on-going (Volunteer required to pay for a background check)

Your areas of experience and interest are:

- Bake for Programs/ Events
- Craft preparation
- Special projects/ displays
- Fundraising
- Materials processing
- Cleaning books, DVD's, etc.
- Photocopying, collating, etc.
- Sorting donations
- Shelf reading/ shifting materials
- Landscape Assistance
- Write book reviews
- Light cleaning/ dusting
- Publicity/ Write Articles
- Library Board of Trustees Positions (7 elected, 3 appointed Alternates)
- Other _____

Confidentially Agreement:

I understand that it is the policy of the Goffstown Public Library to protect the privacy of those who use the Library. I also understand that during my volunteer service, I may have access to personal information about Library patrons, including their requests for materials. I agree to hold all information in complete confidence. In addition, I understand that a breach of confidentiality is grounds for dismissal for volunteer services.

- I have received a copy of the Public Volunteer Policy

Applicant Signature _____ **Date** _____