



Kennebunk Free Library Volunteer Application

Date: _____

Name: _____

Contact Information

Address: _____

Home Phone:

Cell Phone:

Email:

In case of emergency, please notify :

Relationship to you:

Home phone:

Cell phone:

Prior Volunteer Experience:

Do you have any previous library experience? If yes, please describe:

Confidentiality Agreement: I understand that it is the policy of the Kennebunk Free Library to protect the privacy of those who use the Library. I agree to hold all information about patrons, including personal information, requests for information and records of materials they may have borrowed in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Services Program.

Applicant Signature: _____

Date: _____

Check here if under 18 years of age (Parental signature is required)

Parental Signature: _____
(if required)

Date: _____



Please See Reverse

Would you prefer regular volunteer commitment? short-term projects? events?

What is your availability? Please indicate times/days that you prefer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

FOR COURT ORDERED and COMMUNITY SERVICE VOLUNTEERS

Organization requiring community service:

Organization contact person:

Organization Phone Number:

Hours needed:

Deadline, if applicable: