

Limerick Public Library Volunteer Application

All applicants will be carefully screened for background, experience levels, and skills. Positions will be filled according to the needs of the Library. In order to be considered for a volunteer opportunity, please complete the following application and, if desired, include a copy of your resume.

Full name:	Date:
Address:	Home phone: Cell phone:
Email:	Work phone:

Interest and Availability: _____

What interests you about volunteering at the Library? _____

Volunteer work desired: _____

How many hours per week? _____ Days available: _____

Start date? _____ How long? _____

Education and Employment:

Please circle the highest level of education you have completed:

K-4 5 6 7 8 9 10 11 12/GED College Graduate School

Current school attending: _____ Please list any degrees: _____

Current/most recent employer: _____ Position: _____

Brief description of duties: _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

- If yes, please explain when, where, and disposition: (Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)

Have you ever had a restraining order against you for any reason? Yes No

- If yes, please explain when, where, why and whether it is still in place: (A restraining order will not automatically bar you from volunteering. Relevance to assignment will be considered)

SKILLS/EXPERIENCE: (please check all that apply)

Previous library work	Data entry/processing	Word processing
Storytelling	Arts and crafts ability	Electronic resources
Public speaking	Editing	Community events
Envelope stuffing	Shredding	Sorting/ organizing
Knowledge of AV equipment	Graphic layout/ design	Filing
Languages other than English	Answering phones/ telephoning	Knowledge of/ work with historical material
Desktop publishing	Reading to an audience	Photocopying
Other:		

PERSONAL INTERESTS, HOBBIES, TALENTS, EXTRACURRICULAR ACTIVITIES:

Volunteer tasks and activities require a variety of capacities – physical, social, intellectual, etc. Please let us know if you need any accommodations or assistance in these areas. Yes No

- If yes, please explain the accommodations you are in need of:

Is there anything else we should know about your interests?

REFERENCES: (for youth volunteers these should be non-related adults who know your character and abilities)

Name:	Address:	Phone:	Relationship:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

PERSON TO NOTIFY IN AN EMERGENCY:

Name:	home phone	work phone	cell phone
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I attest that the foregoing questions have been answered truthfully to the best of my knowledge and belief.

Signed: _____

Date: _____

I, _____, hereby acknowledge and give permission for my
 (Print name of Parent/Legal Guardian)

son/daughter, _____, to volunteer at the Limerick Public Library.
 (Print name of Youth Volunteer)

Signed: _____

Date: _____