



# Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Times Available** (list all that apply):

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

**Library Branch Preference**

(check all that apply)

- Main Library       Tatnuck
- Frances Perkins       Goddard
- Great Brook Valley       Roosevelt
- Burncoat

**Education**

(check highest level completed)

- Middle School       Technical School
- High School       Some College
- College degree or professional training in: \_\_\_\_\_

**We ask that our volunteers commit to an agreed-upon schedule and give reasonable notice if unable to make a scheduled shift or to continue volunteering at the library.**

Can you make a minimum 3 month commitment?     Yes     No

**Volunteer position for which you are applying:**

\_\_\_\_\_

**Employment Status:**

- Employed       Retired
- Unemployed       Student
- Other (specify): \_\_\_\_\_

\_\_\_\_\_

**Skills/Areas of Interest**

*(check all that apply)*

**Clerical/Office Work**

- Answering phones
- Filing
- Photocopying
- Preparing materials for public use

**Communications**

- Opinion surveys/polling
- Photography
- Videography
- Displays/bulletin boards

**Computer Work**

- Data entry
- Excel experience
- Word processing

**General Library Work**

- Shelving materials
- Shelf reading

**Program Support**

- Preparing materials for programs
- Assisting with children’s programs
- Special events

**Friends of the Library**

- Book Store
- Café
- Semi-annual Book Sales
- Sorting Donated Materials

**Other (specify):**

\_\_\_\_\_

**Why do you want to volunteer at the library?**

- Work Experience / Skill Development
- Internship / Work Study
- Personal Satisfaction
- Community Service Requirement
  - For which program: \_\_\_\_\_
  - Number of hours needed: \_\_\_\_\_
  - Date service must be completed: \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**How did you hear about the volunteer program at the Worcester Public Library?**

- Walk-in
- Signs at the Main Library
- Library Staff (name) \_\_\_\_\_
- Library website
- Social media (specify) \_\_\_\_\_
- From friends, neighbors, or relatives
- Other (specify) \_\_\_\_\_

**I would like to be contacted regarding additional volunteer opportunities:**

- Special events
- Short-term projects
- I do not wish to be contacted regarding other volunteer opportunities

**Are you over 18 years of age?**    Yes    No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parental Permission required for those under 18. Please print and sign application.**

I \_\_\_\_\_ grant permission for my teen \_\_\_\_\_ to volunteer at the Worcester Public Library.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_