



## Volunteer Application Form

Please complete this application if you are interested in becoming a Curtis Memorial Library volunteer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### How would you like to volunteer?

\_\_\_\_\_ Short-term bursts

This could include helping at special events, arts and craft support, grounds clean up, mailings, delivering books to homebound patrons in our Books on Wheels program and working as a substitute shelver.

\_\_\_\_\_ Regular schedule

This could include working as a greeter, shelving, shelf reading, genealogy research support, fire tending in the winter and light cleaning and dusting.

**Please list any skills, interests or previous experience which may be useful in your time volunteering with us. For example: gardening, love children's books, have volunteered in other libraries etc...**

**Availability:** Please indicate the days and times you are usually available to volunteer.

**Reference:** Please provide us with the name and phone number of a local reference whom we may contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Contact:

Please provide us with a person we could contact on your behalf in case of an emergency in the library.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Demographic Information: (optional, demographic information)

Year of birth: \_\_\_\_\_

If student, Year of Graduation: \_\_\_\_\_

### Is there anything else you would like us to know?

By signing this document, I give permission for Curtis Memorial Library to use photos/stories taken during volunteer hours.

\_\_\_\_ I Agree Signature: \_\_\_\_\_ Date: \_\_\_\_\_