



# Volunteer Application

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: (If under 18) \_\_\_\_\_

## Available Days and Times

Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_  Friday \_\_\_\_\_  Saturday \_\_\_\_\_

Indicate those areas of skill/interest that pertain to you. Mark as many as are applicable.

## General Library Work

- Cleaning & Repairing Items
- Processing Materials
- Shelf Reading
- Shelving

## Outreach Services

- Homebound Book Delivery
- InterLibrary Loan Processing & Packaging

## Program Support

- Organize Special Events
- Prepare for Children's Story Times
- Special Event Preparation

## Clerical

- Shredding
- Scanning Documents
- Mailings

## History Room

- Microfilm & Database Indexing
- Transcription
- Genealogy
- Clerical Assistance

## General Building Maintenance

- Carpentry & Handyman
- Dusting & Cleaning
- Gardening/Landscaping

## Areas of Expertise, Specialized Knowledge, or Interests

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Previous or Current Work Experience:

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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I give my permission to share my volunteer information with the Friends of PFL for other volunteer opportunities.

## (18 or older only)

I hereby authorize any duly accredited agent of the Patten Free Library to obtain any information from schools, employers, criminal justice agencies or individuals relating to my activities. This information may include but is not limited to: academic, performance, attendance, disciplinary, arrest and conviction records. I understand that the information released is for official use of the Patten Free Library while considering my volunteer application and that this information may be disclosed to such third parties as may be necessary to determine my suitability for volunteering by the Library. I hereby release from liability the Library and its agents for seeking such information and all organizations, corporations, or persons for furnishing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_