

Volunteer Application

Thank you for your interest in volunteering for the East Adams Library District!
We look forward to talking with you about your application.



EAST ADAMS
LIBRARY DISTRICT
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Volunteer's Contact Information	
Name	
Mailing Address	
City ST Zip Code	
Daytime Phone Number	
Alternate Phone Number	
Email Address	

Availability

How many HOURS PER WEEK do you wish to volunteer? _____

Are you volunteering to fulfill a community service requirement?

If so, is there a TOTAL NUMBER of hours you need to volunteer? YES NO Total hours needed: _____

Is there a DEADLINE by which those hours need to be completed? YES NO Deadline: _____

Place an X for the times you are available to volunteer. Circle the Xs for your preferred hours.

	<i>Sundays</i>	<i>Mondays</i>	<i>Tuesdays</i>	<i>Wednesdays</i>	<i>Thursdays</i>	<i>Fridays</i>	<i>Saturdays</i>
10am-12pm	<i>Closed</i>						<i>Closed until 11am</i>
12pm-2pm	<i>Closed</i>						
2pm-4pm	<i>Closed</i>						<i>Closed</i>
4pm-6pm	<i>Closed</i>						<i>Closed</i>
6pm-8pm	<i>Closed</i>						<i>Closed</i>

Are you willing to be "on call" for tasks as they arise? YES NO

Skills or Talents You Would Like to Share

Interests

Check all that you're interested in

- Helping at Kid & Teen Programs
- Helping at Summer Reading Programs
- Subbing at Preschool Story Time
- Helping with Adult Programs
- Outreach & Homebound Delivery
- Computer Help & Other Skills
- Helping at the Learning Garden

- Processing New Materials
- Shelving, Shelf Reading & Inventory
- Mending Books & Materials
- Providing Refreshments for Programs
- Oral History & Digitization Projects
- Special Projects
- Other: _____

Person to Notify in Case of Emergency

Name	
Relationship	
Mailing Address	
City ST Zip Code	
Primary Phone Number	
Alternate Phone Number	
Email Address	

References Please list two people not related to you

Name	
Relationship	
Phone number	
Name	
Relationship	
Phone number	

Agreement & Signature

I understand that the East Adams Library District reserves the right to screen volunteers and accept or reject any applications, and to place volunteers in specific locations & positions based on the needs of the Library. I understand that as a volunteer I must abide by the library's policies and procedures, and that the library may end this service relationship at any time with or without cause. I agree to interact with paid staff and members of the public in a professional and respectful manner, and to follow the direction of the Library Director and paid staff.

Signature

Date

Parent/Guardian Signature (if under 18)

Date