



Volunteer Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail address: _____

Emergency Contact: _____ Phone: _____

Days you are available to work: (please circle one or more)

Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate what hours work best for you:

Tell us in which areas you are interested in volunteering:

- | | | |
|--|--|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Youth Department | <input type="checkbox"/> Circulation Department |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Special Events/Programs |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Outside/Garden Work | <input type="checkbox"/> Computers/Technology |
| <input type="checkbox"/> Home Reader Services | <input type="checkbox"/> On-Call for Special Tasks | <input type="checkbox"/> Displays |
| <input type="checkbox"/> Present a Program/Share a Hobby | <input type="checkbox"/> Youth Story Time/Craft Helper | <input type="checkbox"/> Tax Forms (January-April only) |

Please summarize your special skills, interests and experience you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. _____

To complete this application, please read, sign and date on the other side.

I understand that I am not entering into an employment relationship with Cromaïne District Library and that I am not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the Library or I may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information and I agree that I will not disclose any such information. I understand that my obligation of confidentiality continues into perpetuity.

I understand that the Library does not provide insurance coverage for personal vehicles.

Signature: _____ Date: _____

Staff Use Only

Date received application _____ Date given to Volunteer Coordinator _____

Interview Scheduled for _____ Date(s) contacted Volunteer _____

Volunteer Position _____