

Maury Loontjens Memorial Library Volunteer Application

Date _____

Name (Please print full name): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

The best way to contact me is by: **Phone/Text** _____ **E-mail** _____ **Age:** _____

Are you: Employed _____ Not working _____ Retired _____ Student _____

How did you learn about our Volunteer program?

_____ Library webpage/online _____ Social Media

_____ School _____ Friend

_____ Other: _____

Do you have volunteer experience? Explain:

Why are you interested in being a volunteer? _____

How many hours per week would you like to volunteer? _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

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AVAILABILITY

<u>DAY(S)</u>	<u>HOUR(S)</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____

Please list any relevant skill, special training, education, or work experience (for example: shelving, covering books, etc)

Areas of Interest:

_____ Maintaining book shelves	_____ Preparing crafts
_____ DVD cleaning	_____ Cleaning
_____ Book sale (as needed)	_____ Event preparation (as needed)

Please list any limitations you may have in performing work (for example, lifting, standing, sitting, etc.) _____

Are you volunteering for community service hours? _____

Number of hours needed: _____ Date needed by: _____

I regard my assignment as a serious commitment, respect confidentiality, and abide by the policies of the Maury Loontjens Memorial Library. I also agree to maintain communication with my supervisor regarding my assignment and request clarification when necessary. I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that I will not be paid for my services as a volunteer, and that I am committed to work as scheduled at the library.

Signature of Applicant: _____ Date: _____

Maury Loontjens Memorial Library

Volunteer Application

PERMISSION from a parent or guardian REQUIRED for youth under age 18 (volunteers must be 14 or older)

_____ (youth's name) _____ (age) has my permission to volunteer at the Maury Loontjens Memorial Library.

_____ Parent/Guardian signature

Printed name of Responsible Adult, phone number, and relationship to volunteer:

Name: _____

Relationship: _____

Phone Number: _____ Email: _____

Applications are available at the library or online.

Completed applications can be emailed to: jaredjacavone@narlib.org or dropped off at the Maury Loontjens Memorial Library, 25 Pier Marketplace, Narragansett.

Approved by the Board of Trustees on May 18, 2026.

Jared Jacavone, Library Director

