

Maury Loontjens Memorial Library
Volunteer Application

Date _____

Name (Please print full name): _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

The best way to contact me is by: ___ Phone ___ E-mail ___ Other: _____

EMERGENCY CONTACT INFO: _____

(Name & Phone Number)

___ Currently Employed ___ Not working ___ Retired ___ Student

How did you learn about our Volunteer program?

___ Library webpage/online

___ School

___ Friend

___ Other: _____

Do you have volunteer experience? _____

Why are you interested in being a volunteer? _____

What is your availability?

DAYS **TIME(S) AVAILABLE**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please list any skill, special training, education, work experience, or interest that you have (for example: foreign language, artistic or musical skill, technology skills)

Areas of Interest:

Maintaining book shelves

Social Media/Writing

Program assistance/Promotion

DVD cleaning

Office/Clerical

Book sale

Other: _____

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

Are you volunteering for community service hours? _____

If yes, is it for:

_____ Traffic court Name of court? _____

_____ School requirement Name of school? _____

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.

_____ (volunteer's signature)

PERMISSION from a parent or guardian REQUIRED for youth under age 18 (no volunteers under age 14)

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

_____ Parent/Guardian signature

Applications are available at the library or online.

Completed applications can be emailed to: Circ@narlib.org or dropped off at the Maury Loontjens Memorial Library, 35 Kingstown Road, Narragansett.