



# PLAISTOW PUBLIC LIBRARY VOLUNTEER INFORMATION

## APPLICATION

### PERSONAL INFORMATION

NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

YOU MUST BE AT LEAST 14 TO VOLUNTEER. Volunteers under 18 must have parent/ guardian complete the consent section of this application. Age if under 18 \_\_\_\_\_

### VOLUNTEER INTERESTS

Why do you want to volunteer at the PPL?

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For each day, indicate times you are available to complete a one or two or hour shift:

Mon: \_\_ to \_\_ Tue: \_\_ to \_\_ Wed: \_\_ to \_\_ Thurs: \_\_ to \_\_ Fri: \_\_ to \_\_ Sat: \_\_ to \_\_

PLEASE INDICATE WHICH POSITIONS INTEREST YOU MOST:

ADULT/ COMMUNITY PROGRAM VOLUNTEER

CHILDREN'S ACTIVITY VOLUNTEER

GARDENER

LITERACY VOLUNTEER

TECHNOLOGY TUTOR

OTHER

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WHAT PREVIOUS VOLUNTEER EXPERIENCE DO YOU HAVE?

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WHAT ATTRACTED YOU TO BECOME A VOLUNTEER AT THE PLAISTOW PUBLIC LIBRARY?

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WHAT WOULD YOU LIKE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE AT THE LIBRARY?

PLEASE CHECK THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETE:

HIGH SCHOOL DIPLOMA/ GED: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

ARE YOU A MIDDLE OR HIGH SCHOOL STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU KNOW HOW TO USE A COMPUTER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU FAMILIAR WITH: INTERNET \_\_\_\_\_ WORD \_\_\_\_\_ EXCEL \_\_\_\_\_

WHAT OTHER INTERESTS AND/ OR SKILLS DO YOU HAVE?

### REFERENCE INFORMATION

Please provide a reference. \_\_\_\_\_ Personal \_\_\_\_\_ Professional

Name (first and last) \_\_\_\_\_ Phone \_\_\_\_\_

APPLICATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PARENT/ GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Plaistow Public Library for a maximum of \_\_\_\_\_ hours per week (three hours minimum). If you need to reach me, my phone number is \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### READ BEFORE SIGNING:

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Plaistow Public Library volunteer. I also give my consent (applies to applicants 18 and above) for a Criminal Background Check. I further agree that, should I accept placement as a volunteer of Plaistow Public Library, I will NOT hold the PPL liable in the event of personal loss or injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for applying to volunteer at the Plaistow Public Library. Please complete this form and leave it at the front desk. The Logistics & Development Manager Alice Major will contact you for an interview.