



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?

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

WHAT PREVIOUS VOLUNTEER EXPERIENCE DO YOU HAVE?

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



PLAISTOW PUBLIC LIBRARY VOLUNTEER INFORMATION

APPLICATION

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.