

**Roxbury Public Library
Volunteer Application Form**

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Date _____

Name _____

Phone (home) _____

Phone (mobile) _____

Email _____

Address _____

Check all that apply

I am a:

- Middle School Student
- High School Student
- Homeschool Student
- Adult
- Senior

I am seeking a volunteer position:

- To satisfy school requirements
- To fulfill court-ordered community service
- To become a regular volunteer

I am:

- Under 18 years old
- Over 18 years old

Have you been convicted of a felony in the past 7 years? _____

If yes, please explain _____

Employment Information

Current Employer _____

Position/title & Duties _____

Other Employment Experience _____

Volunteer Information

Have you ever volunteered before? _____ If yes, where? _____

Duties _____

Other Volunteer Experience _____

Indicate the knowledge, skills, abilities, or interests below that apply to you:

- Previous library work
- Typing/word processing
- Knowledge of a foreign language: _____
- Computer work
- Arts and crafts ability

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List any special interests, skills, or hobbies _____

Physical limitations _____

Areas you are interested in volunteering (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Clerical tasks |
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Cleaning materials |
| <input type="checkbox"/> Materials processing | <input type="checkbox"/> Programs, projects, or classes |

Availability

Total hours available per week _____ **Total hours sought** _____

Starting date _____ **Ending date** _____

Days available (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday

Seasonal availability (check all that apply):

- Winter Spring Summer Fall

Reference (not a family member)

Name _____

Phone _____ **Relationship** _____

Emergency Contact

Name _____ **Phone** _____

Relationship _____ **Email** _____

Applicant's Statement

I certify that the information on this application is true and correct and acknowledge that falsification of this document is grounds for disqualification.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer service decision.

By signing this form, I hereby acknowledge I have read and understood the above statements.

Signature _____ **Parent or Guardian** _____

Staff use only: Date contacted _____ Start date _____ Dept. _____ Staff initials _____

Comments: