

Pettee Memorial Library
16 South Main Street - PO Box 896
Wilmington Vermont 05363
petteelibrary@yahoo.com
802-464-8557

VOLUNTEER APPLICATION FORM

Directions: Please print clearly. If you are under 18, a parent or guardian's signature is required.

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone: (Home) _____ (Work/Cell) _____

Email: _____ Date of Birth: _____

Are you a seasonal resident? _____ If so, when are you available? _____

Education:

Highest Degree Achieved: _____ Major: _____

Employment:

Are you currently employed? Yes ___ No ___ Part-Time ___ Full-Time ___ Retired ___

Employer: _____ Occupation/Title: _____

Duties: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Would you like to volunteer on a regular basis or on-call? _____

How many hours per day, week, or month would like to volunteer? _____

Would you like to work on one-time or short-term projects? _____

Why do you want to volunteer at the Pettee Memorial Library?

Volunteer Experience:

Have you had previous volunteer experience? _____

If so, where and what were your duties? _____

What skills do you have that you would like to use at the library? _____

As a library volunteer you may be required to use a computer, lift heavy books, and go up and down stairs. Do you have any limitations in these areas? _____

Check any of the volunteer opportunities that may interest you:

- | | |
|---|--|
| <input type="checkbox"/> Home Delivery Service | <input type="checkbox"/> Day Care Delivery Service |
| <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Advertising Programs and Services |
| <input type="checkbox"/> Organize Supplies | <input type="checkbox"/> Shelving Books / Shelf Reading |
| <input type="checkbox"/> Circulation Desk | <input type="checkbox"/> Book Reviews |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Computer Tutor (for patrons) |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Program Assistant (children) | <input type="checkbox"/> Program Assistant (adults) |
| <input type="checkbox"/> Program Assistant (teens) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Book Repair | <input type="checkbox"/> Book Processing |
| <input type="checkbox"/> Cleaning / Building Repair | <input type="checkbox"/> Displays & Exhibits / Decorating |

References: (two non-relative references are required)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify applicant) Yes _____ No _____

If yes, please explain: _____

Volunteer Agreement:

My signature authorizes the Pettee Memorial Library to verify any of the information on this application and to secure information from personal references. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time and understand that I will not be paid for my services as a volunteer and expect to monetary compensation.

Applicant's Signature: _____ Date: _____

My son/daughter has my permission to volunteer at the Pettee Memorial Library.

Parent/Guardian's Signature: _____ Date: _____

(required if applicant is under 18)

For Library Use Only

Interview Date: _____

Interviewed by: _____

Orientation Date: _____

Start Date: _____

Reference Check: _____

Agreed hours and duties: _____

Notes: _____
