

**Brown Public Library
Northfield, VT 05663**

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____ E-Mail Address _____
Telephone (Day) _____ (Evening) _____ (Cell) _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
In case of emergency, notify (Name): _____
Telephone: _____ Relationship: _____

You must be at least 14 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section on the reverse side of this application. Age if under 18 _____

VOLUNTEER INTERESTS

Why do you want to volunteer? _____

For each day, indicate times you might be available to complete a **two or three hour shift**:

Mon: _____ to _____ Thur: _____ to _____
Tue: _____ to _____ Fri: _____ to _____
Wed: _____ to _____ Sat: _____ to _____

I would be interested in assisting with (check volunteer assignments listed below):

- ____ Adult Programming
- ____ Advocacy for libraries at public hearings and meetings
- ____ Beautification of library yards/gardens
- ____ Book discussion *
- ____ Book repair*
- ____ Book sale *
- ____ Children's Room activities * (applicants subject to background check)
- ____ Circulation Desk patron check-ins and check-outs*
- ____ Exhibitions
- ____ Shelving and maintenance of library materials *
- ____ Telephoning patrons for materials on hold
- ____ Other _____

* Training provided.

OCCUPATION AND/OR EDUCATION

Circle highest grade completed 9 10 11 12 College/Graduate School (degrees completed) _____

Current and /or former Occupation _____

Employer _____

Are you a student? ____ Yes ____ No

Which school do you attend? _____

SKILLS

Do you know how to use a computer? ___ Yes ___ No

Are you familiar with: ___ Internet ___ Word ___ Microsoft Excel

What language(s) other than English do you ___ speak and/or ___ write with fluency

What special interests and/or skills do you have that may help us to match you with the best
volunteer assignment?

VOLUNTEER EXPERIENCE:

Please describe any previous volunteer experience _____

REFERENCE INFORMATION:

Please provide a reference. ___ Personal ___ Professional

Name (first and last) _____ Phone _____

Applicant Signature _____ Date _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at The Brown Public Library for a
maximum of _____ hours per week. If you need to reach me, my phone number is

Day _____ Evening _____ Cell _____

Parent/Guardian Signature _____ Date _____

**Please mail completed form to the Brown Public Library, 93 S. Main Street, Northfield, VT
05663**

FOR Brown Public Library Volunteer Supervisor Only

Interview Date _____ Interviewed by _____ Accepted Yes No

Start Date _____ Assignment _____

Comments: _____
