Woods Memorial Library Volunteer Application
19 Pleasant Street, Barre, MA 01005 • (978) 355-2533 • barrelibrary@gmail.com • barrelibrary.org

Applicant Information

Name: _________________________________________________________________________________________

Address: _______________________________________________________________________________________

Primary Phone: __________________________ Secondary Phone: ______________________________

Email Address:__________________________________________________________________________________

Circle One:                          Middle School or under                          High School Student                          Adult

Emergency Contact

Emergency Contact Name: _________________________________________________________________________

Emergency Contact Phone Number: __________________________ Relation: _______________________________

Applicant Signature

By signing this form, you certify that you have read and understand the Woods Memorial Library’s Volunteer Policy, and that the information on this application is true and complete.

Applicant Signature: ___________________________ Date: _______________________________

Parent/Guardian Signature: ___________________________ Date: _______________________________

FOR LIBRARY PERSONNEL USE ONLY

Date Contacted: ______________________________ Date of Interview: ______________________________

Date of Orientation: __________________________ Staff Signature: _______________________________

Job Assigned: _________________________________________________________________________________
1. Please list any special skills.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

2. Why do you want to volunteer at the library?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

3. Do you have any employment/volunteer experience? Circle one: Yes No
If yes, please list the organizations and type of work you did.
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

4. Please list the times you are available to volunteer in the chart below.

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Mornings</th>
<th>Afternoons</th>
<th>Evenings</th>
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<tbody>
<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
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<td>Saturday</td>
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</table>

5. Please check off tasks with which you would be willing to assist.

**Ongoing:**
- [ ] Shelving
- [ ] Shelf-Reading
- [ ] Item Processing (stamping, covering, etc.)
- [ ] Reference/Research
- [ ] Computer Tasks
- [ ] Typing
- [ ] Children’s Room Help (ex. craft prep.)

**Occasional (Seasonal):**
- [ ] Yard Work
- [ ] Holiday Events
- [ ] Book Sales
- [ ] Program Support