

VOLUNTEER APPLICATION (Reviewed April 17, 2024)

Name _____ Date _____

Address _____

Phone _____ Cell _____

Email _____

Emergency Contact _____ phone _____

Age if between 16 & 17 ____ (Signed letter from parent or guardian; proof of age)

Previous Volunteer Experience _____

Have you volunteered or worked in a library before? _____

Please list any special skills that may be of interest to the Library _____

Please list any special accommodations we need to consider: _____

Availability (Circle all that apply) Mon. Tues. Wed. Thur. Fri. Sat (school year only)

How long do you plan to serve as a volunteer?

- Short-term
- Regular, on-going (Volunteer required to pay for a background check)

Your areas of experience and interest are:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bake for Programs/Events | <input type="checkbox"/> Craft preparation | <input type="checkbox"/> Cleaning books, DVD's, etc. |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Materials processing | <input type="checkbox"/> Shelf reading/ shifting materials |
| <input type="checkbox"/> Photocopying, collating, etc. | <input type="checkbox"/> Sorting donations | <input type="checkbox"/> Light cleaning/ dusting |
| <input type="checkbox"/> Landscape Assistance | <input type="checkbox"/> Write book reviews | <input type="checkbox"/> Library Board of Trustees |
| <input type="checkbox"/> Publicity/ Write Articles | <input type="checkbox"/> Special projects/ displays | Positions (7 elected,
3 appointed Alternates) |
| <input type="checkbox"/> Other _____ | | |

Confidentially Agreement: I understand that it is the policy of the Goffstown Public Library to protect the privacy of those who use the Library. I also understand that during my volunteer service, I may have access to personal information about Library patrons, including their requests for materials. I agree to hold all information in complete confidence. In addition, I understand that a breach of confidentiality is grounds for dismissal for volunteer services.

I have received a copy of the Public Volunteer Policy

Applicant Signature _____

Date _____