

Yes!! I want to volunteer at the Whitefield Library!!

Whitefield Library Volunteer Application

Personal/Contact Information

Name:

Mailing Address:

City: State: Zip:

Phone:

Email:

Emergency Contact/Phone:

Availability

What days and times are you available?

Liability Waiver

If you are 18 years of age and older:

Due to my voluntary participation, I hold the Whitefield Library harmless from all claims arising from injuries, including personal property. As a volunteer, I agree to follow all Whitefield Library Patron Policies, understand my confidentiality obligation, and agree to maintain the confidentiality of patrons and staff. I understand I am not permitted to remove or make copies of any library records, reports, or documents. I understand that the Whitefield Library does not provide volunteers medical coverage or other employee benefits. If qualified for Library service, I agree to abide by the rules and regulations of the Whitefield Library.

Volunteer Signature:

Date:

Volunteer Printed Name:

Date:

If you are between the ages of 15 and 17:

I verify that I am a parent or guardian of the participant, and I consent to his/her/their voluntary participation with the Whitefield Library. With his/her/their voluntary involvement at the Whitefield Library, I agree to hold the Whitefield Library harmless from all claims arising from injuries sustained, including property. I understand that the Whitefield Library does not provide volunteers medical coverage or other employee benefits.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____ Date: _____

If qualified for Library service, I agree to abide by the rules and regulations of the Whitefield Library.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____ Date: _____

Depending upon the areas of interest indicated, volunteers may be asked to participate in various training and orientation programs.

Thank you for your interest and support!!

Instructions for paper forms: Please complete this form and return it to the Librarian or drop it off at the Library during regular hours, or mail it to Whitefield Library at the address below.

Instructions for fillable PDF forms: Once you have completed this form, print it to a PDF file and attach it to an email addressed to apps@whitefieldlibrary.org. Alternatively, you can print it out and drop off the completed form at the Library, or mail it to the address below.

If you have any questions, please feel free to email the office or call 207-549-0170

Whitefield Library
PO Box 5
Whitefield ME 04353.