

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

Whitefield Library Volunteer Application

Personal/Contact Information

Name:

I am over 18 years of age

Mailing Address:

City:

State:

Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Physical Address (if different; if the same, leave blank):

City:

State:

Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone:

Email:

Emergency Contact/Phone:

Volunteer Interests and Availability

Do you have special skills, interests or training that you would like to share at the library?

Please describe:

Please review the following areas of activity and check off the boxes that interest you.

Library Operations

- Circulation Desk Adopt-a-Shelf Program Children's Activities

Events

- Event Planning Special Projects – Leader and Helper Photographer
 Refreshments – Baking Holiday Decorating

Property Maintenance

- Monthly Cleaning Trash/Recycling Removal Landscaping/Gardening

Funding

- Grant Writing Capital Campaign Planning Direct Mailings Fund-raising Events

Public Relations

- Facebook and Website
 Management
 Content
 Technical Support
 Press Releases
 Graphics – Signage/Brochures, Fliers, etc,
 Photography

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:
<input type="text"/>	<input type="text"/>

If you are between the ages of 13 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:
<input type="text"/>	<input type="text"/>

Parent or Guardian Printed Name:	Date:
<input type="text"/>	<input type="text"/>

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

Volunteer Signature:	Date:
<input type="text"/>	<input type="text"/>

Volunteer Printed Name:	Date:
<input type="text"/>	<input type="text"/>

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.