



Volunteer Application

Adult

Youth (Under 18)

Name _____ Date _____

Address _____

Home Phone _____ Work/Cell Phone: _____

Email _____ Birth Month and Day _____

Have you ever been convicted of a felony, or do you have felony charges pending? YES NO
If yes, please provide the charges and the date: _____

Emergency Contact _____ Phone _____

What areas of library service interest you? ___ Shelving ___ Preparing Items for the Collection
___ Programs/Events ___ Youth Services ___ Shelf Reading ___ Book Repair ___ Special Projects
___ Other _____

Are there special skills, hobbies, or interests you would like to contribute as a volunteer?

Time Commitment: Volunteer positions at the library require an ongoing commitment. Please tell us for how long you would like to commit to a volunteer job. ___ 1 year ___ 6 months
___ School Year ___ Summer ___ Other (please specify) _____

Availability (Please mark all that apply):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning						
Afternoon						
Evening						

Library work can be very physical. Do you have any limitations that would restrict your ability to shelve books, push carts, lift boxes, etc? If so, please explain:

Read before signing: *I am offering my services as a volunteer without expectation of compensation. I am not guaranteed any special consideration for any future jobs with Milton Public Library, should I apply for one. I understand volunteers may be asked to end their service at any time. I agree to follow all library rules and policies. I understand that all library patron records are protected by the privacy laws of the State of Vermont.*

Please be aware the library receives more applications than there are volunteer positions to fill. We may not be able to use your services immediately, but will keep your application on file for one year.
Signature of Volunteer Applicant _____

Printed name and signature of parent or legal guardian for those younger than 18: