

Pierson Library Volunteer Application

Thank you for considering becoming a library volunteer! Our volunteers help make all we do happen. To learn about the range of volunteer opportunities available at the library, visit www.piersonlibrary.org/volunteers. After submitting this application, the library will contact you for a short interview to discuss what might work best.

Date: _____

Name: _____
Last First

Address: _____
Street

_____ City State Zip

Telephone: _____

E-mail: _____

Have you ever volunteered before? _____ If so, where? _____

Brief description of duties: _____

How did you hear about the Library's volunteer program? _____

Please note the skills and abilities below that are applicable to you:

___ Previous Library Work

___ Gardening

___ Using Computers

___ Marketing and Communications

___ Event Planning

___ Knowledge of Foreign Language

Others? Please List: _____

Other organizations for which you **currently** volunteer _____

Physical Limitations: _____

What type of volunteer work are you interested in doing?

Youth Services Adult Services Both

Working with the public Working behind the scenes Both

Other _____

Times you prefer to volunteer (please write times for days that typically work for you):

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

VI. Background Information (free background check required for all volunteers)

Have you ever been convicted of a felony or misdemeanor other than traffic violations?

Yes No If so, please list: _____

Confidentiality Agreement

I understand that it is the policy of the Pierson Library and state law to protect the privacy of those who use the library. I agree to hold information about library members in complete confidence and to access this information only in the course of performing volunteer duties.

Printed Name: _____

Signature: _____

