Pierson Library Volunteer Application

Thank you for your interest in becoming a library volunteer! To learn about the range of volunteer opportunities, please visit www.piersonlibrary.org/volunteers. Applications are kept on file for six months and will be reviewed as volunteer positions become available.

Date:			
Name:			
Last	First	Preferred Pronouns	
Address:			
Street			
City	State	Zip Code	
Telephone:			
E-mail:			
Emergency Contact:			
Name	Phone Number		
Have you ever volunteered before?			
If yes, where and for how long?			
Brief description of duties:			
How did you hear about Pierson Library's volu	unteer program?		
Please check the skills and abilities below that	t apply to you:		
Previous library work	Gardenir	Gardening	
Computers/technology	Publicity	Publicity	
Special events	Bilingua	(Foreign languages snoken)	

Other skills (please list)			
What type of volunteer work are you interested in doing?			
Youth servicesAdult services Both			
Working with the public Working behind the scenes Both			
Other (please describe)			
Are you a youth volunteer (age 13-17) or an adult volunteer (age 18 or above)?			
Are you able to lift up to 25 lbs.?			
Days/times you prefer to volunteer (Indicate typical hours you would be available.):			
Sunday: Monday: Tuesday:			
Wednesday: Thursday: Friday:			
Saturday:			
Are you able to volunteer for at least 6 months? When can you start?			
Reasons for volunteering (Please check all that apply):			
Get involved with the community Meet new people			
Earn school service hours Gain work experience for resume			
Library school student Corporate volunteer program			
Court-ordered community service (We regret that we cannot accommodate court-ordered			
volunteers at this time.)			
Other (please describe)			
Have you ever been convicted of a felony or misdemeanor other than traffic violations?			
Yes No If so, please list:			

Please note that a criminal background check is required of all volunteers at no charge to you.

Confidentiality Agreement

I understand that it is the policy of Pierson Library and Vermont state law to protect the privacy
of those who use the library. I agree to hold information about library patrons in complete
confidence and to access this information only as needed in the course of performing volunteer
duties.
Printed Name:
Signature:
Parent/Guardian Name and Signature (if applicant is under age 18):

Personal Reference:

Name

Phone Number