

WOONSOCKET HARRIS PUBLIC LIBRARY VOLUNTEER APPLICATION
FOR STUDENTS AGES 13-17 YEARS

DATE: _____

SCHOOL : _____

VOLUNTEER CONTACT INFORMATION

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
HOME PHONE #	
MOBILE PHONE #	
EMAIL	
BEST WAY TO CONTACT YOU?	
AGE	

EMERGENCY CONTACT

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE	
RELATIONSHIP	

AVAILABILITY

During which times are you available for volunteer assignments?

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY

COMMITMENT OF HOURS

I would like to volunteer on an ongoing basis at _____ hours per week.

I would like to volunteer until _____ (date) at _____ hours per week.

I would like to volunteer for _____ hours total to fill a community service requirement.

(If you need community service hours by a specific date, please be aware that a separate CORI form has to be filled out and that it can take several weeks for it to be processed.)

Sample Volunteer Tasks

Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time.

___ Cleaning	<ul style="list-style-type: none">• Dusting book stacks• Cleaning DVDs• Cleaning computers/work areas
___ Shelving	<ul style="list-style-type: none">• Putting books and other collections away on the shelves
___ Shelf-reading	<ul style="list-style-type: none">• Putting books in order• Straightening the shelves• Alphabetizing collections
___ Shifting	<ul style="list-style-type: none">• Shifting collections to make more room (requires lifting)
___ Sorting for book sales	<ul style="list-style-type: none">• Sorting donations for the Friends of the Library book sales

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE

Please describe your previous volunteer experience.

OTHER INFORMATION

Is there anything else you would like us to know about you?

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Please Return This Form To:

Margaret McNulty
Woonsocket Harris Public Library
303 Clinton St
Woonsocket, RI 02895

When Do I Start?

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Woonsocket Harris Public Library. After the CORI check is complete, the volunteer coordinator will schedule a time to interview you to discuss the available projects and to set a schedule.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The Woonsocket Harris Public Library will not be held liable for any injuries that occur while volunteering.

PARENT/LEGAL GUARDIAN NAME (printed)

PARENT/LEGAL GUARDIAN SIGNATURE

PARENT/LEGAL GUARDIAN TELEPHONE NUMBER

DATE