

Plainville Public Library
56 East Main Street
Plainville CT 06062

Application for Volunteers

Today's date _____

Name _____
First Last

Address _____
Street City Zip code

Telephone _____

Cell phone _____ May we text you? _____

Email address _____

What is the best way to contact you? (Cell, text, email, home phone)

Who to contact in case of an emergency _____

What is their phone number? _____ What is their relationship to you? _____

Your age: _____ If in school, what grade and which school? _____

Special skills, experience, or knowledge

Days and/or times when you are available _____

If you are a student, which school and what grade _____

Do you have a specific number of hours that you need to complete? Yes ☐ No ☐

If so, how many? _____ When do the hours need to be completed by? _____

As a volunteer, I am most likely to work:

Weekdays ☐ evenings after 5PM ☐ Saturdays ☐

I am volunteering because (check any that apply):

I need high school hours ☐ college resume building ☐ personal interest ☐

Do you have any food or environmental allergies that you want us to know about?

Do you have any special talents or skills? Do you play an instrument, are you very good with computers, etc. _____

What volunteer jobs interest you? Please check all that apply

Arts and crafts ☐

Working with children ☐

Office work ☐

Other (please be specific) ☐

Organizing / shelving ☐

Setting up / moving things ☐

Cleaning ☐

Are you interested in the President's Volunteer Service Award? Yes ☐ No ☐

If your application is accepted, the library needs to be able to rely on you to show up on the days and times for which you sign up, abide by all the guidelines provided in the Volunteer Guidelines document provided to you, remain for the entirety of your volunteer shift, inform staff of any problems that occur during your shift, and stay in the library while on duty. The library can't guarantee hours.

☐ Check indicates that you have received the Volunteer Guidelines

As a volunteer, I understand that I represent the Plainville Public Library. I also understand that if I do not abide by the Volunteer Guidelines or fail to work my scheduled shifts, I will not be allowed to volunteer any more. I understand that there will be periodic reviews of my work and that if my work does not pass review I will not be allowed to volunteer any more.

Signature _____

Parent/Guardian portion
Application for Volunteers
Plainville Public Library

As a parent or guardian of a young volunteer at the Plainville Public Library, I:

- Am aware that my child has signed up to be a volunteer at the library;
- Will encourage my child to have good work habits and attendance;
- Realize that before my child arrives at the library and after my child leaves the library, the library can bear no responsibility for my child;
- Understand that my child must abide by the Volunteer Guidelines provided
- Understand that the library will make reasonable attempts to accommodate volunteers with special needs. Two weeks is the recommended time frame for a reasonable accommodation;
- The library needs to ensure that the experience is positive for the volunteer, library patrons, and library staff.

Parent/Guardian Signature
