

**Greenfield Public Library
VOLUNTEER APPLICATION**

1. NAME: _____ **Date:** _____

Address: _____

Phone: _____ **Check here if you are under age 16** _____

E-mail: _____

(Please be advised that all volunteer applicants will be screened for criminal records.)

2. What interests you about volunteering at the Greenfield Library?

3. Please feel free to list any special credentials or relevant work experience (including computer/web knowledge and/or familiarity with libraries):

4. Can you make a commitment to work 2 hours every week (during most of the year) for a minimum of 6 months? (If no, please indicate an alternate commitment):

Yes _____ No _____

5. Check the days and times that you are available to volunteer:

Tuesday	morning _____	afternoon _____	evening _____
Wednesday	morning _____	afternoon _____	evening _____
Thursday	morning _____	afternoon _____	
Friday	morning _____	afternoon _____	
Saturday	morning _____		

6. Please note physical limitations that may restrict the type of work you can do:

7. What types of work might you be interested in doing? (e.g., shelving books; helping at the circulation desk; retrieving material to be sent to other libraries; working in Children's Rm.; organizing magazines)

Thank you for taking the time to complete this form, as it will help us match your talents to our current needs. We appreciate your interest - the Volunteer Coordinator will contact you soon.

11/ 05 OFFICE USE ONLY: CORI _____ Holds Harmless _____ Orientation _____ Training _____