



Ainsworth Public Library  
P.O. Box 236 Williamstown, VT 05679  
802-433-5887 library@williamstownvt.org

## Volunteer Application

### PERSONAL INFORMATION:

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
In case of emergency, notify (Name): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

You must be at least 10 years old to volunteer. Volunteers under 18, should fill out a Youth Volunteer Application.

### VOLUNTEER INTERESTS:

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_

For each day, indicate times you might be available to complete a two or three hour shift:

Mon: \_\_\_\_\_ to \_\_\_\_\_ Thurs: \_\_\_\_\_ to \_\_\_\_\_  
Tue: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_  
Wed: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

I would be interested in assisting with (check volunteer assignments listed below):

- \_\_\_\_ Adult Programming
- \_\_\_\_ Advocacy for libraries at public hearings and meetings
- \_\_\_\_ Beautification of library yards/gardens
- \_\_\_\_ Book discussion \*
- \_\_\_\_ Book Processing \*
- \_\_\_\_ Book repair\*
- \_\_\_\_ Annual book sale \*
- \_\_\_\_ Children's Room activities \* (applicants subject to background check)
- \_\_\_\_ Circulation Desk patron check-ins and check-outs\*
- \_\_\_\_ Shelving and maintenance of library materials \*
- \_\_\_\_ Telephoning patrons for materials on hold
- \_\_\_\_ Other \_\_\_\_\_

\* Training provided.

**OCCUPATION AND/OR EDUCATION:**

Circle highest grade completed 9 10 11 12 College/Graduate School (degrees completed)\_\_\_\_\_

Current and /or former

Occupation\_\_\_\_\_

Employer\_\_\_\_\_

Are you a student? \_\_\_Yes \_\_\_No If yes: Which school do you attend? \_\_\_\_\_

**SKILLS:**

Do you know how to use a computer? \_\_\_Yes \_\_\_No

Are you familiar with: \_\_\_Internet \_\_\_Word \_\_\_Microsoft Excel

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Please describe any previous volunteer experience\_\_\_\_\_

\_\_\_\_\_

**REFERENCE INFORMATION:**

Please provide a reference.

\_\_\_Personal or \_\_\_Professional

Name (first and last) \_\_\_\_\_ Phone\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please drop off or mail completed form to the Ainsworth Public Library P.O. BOX 236  
Williamstown, VT 05679

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FOR Librarian:

Interview Date \_\_\_\_\_ Interviewed by \_\_\_\_\_ Accepted  $\Delta$  YES  $\Delta$  NO

Start Date: \_\_\_\_\_ Assignment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_