

VOLUNTEER APPLICATION FORM

Montague Public Libraries

Name: _____ Age: _____

Phone: _____ E-mail: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Times Available (List all that apply)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

We ask that MPL volunteers commit to an agreed-upon schedule and give reasonable notice if they are unable to make a scheduled shift or to continue volunteering at the library.

Library Branch Preference (Circle all that apply):

Carnegie Library Millers Falls Branch

Montague Center Branch

Employment Status (please circle)

Employed Retired Unemployed
Student Other (Specify) _____

Skills and Areas of Interest

(Check all that apply)

Crafts:

- Preparing craft kits for all ages

Communications:

- Assisting with surveys/polling
- Photography
- Videography

Local History

- Working with local history collection

Program Support

- Preparing materials for programs
- Assisting with children's programs
- Assisting with special events (performances, concerts, etc)

Friends of the Library

- You can contact the Friends directly at: friendshelpMPL@gmail.com

Other (please specify): _____

VOLUNTEER APPLICATION FORM

Montague Public Libraries

Why do you want to work at the Library? Check all that apply

- Work experience/skill development
- Internship/work study
- Personal satisfaction
- Community service requirement (eg. National Honor Society, internship programs, graduation requirements)
 - For which program? _____
 - Number of hours needed: _____
- Other: _____
- Date service must be completed: _____

Previous Employment/Volunteer Experience: (Most recent first)

1. Employer: _____ Position: _____

Name of Supervisor: _____ Contact Number: _____

2. Employer: _____ Position: _____

Name of Supervisor: _____ Contact Number: _____

References: (Please include individuals not related to you)

	Name	Relationship	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

By signing this application, I attest that the above information is true to the best of my knowledge, and that I have read, understand, and will therefore abide by the standards established in this manual. I also acknowledge that this position is a part-time, seasonal, volunteer position for which there are no benefits or other compensation:

Signature

Date

Parent/Guardian Permission for Volunteers age 14-17

Permission from a parent or guardian is required for those under 18. Please print and sign application:

I _____ grant permission for my teen _____ to volunteer at the Montague Public Libraries. I will ensure their safe transport to and from the library.

Parent/Guardian Signature: _____ Date: _____