



Freeport Community Library  
10 Library Drive, Freeport ME 04032  
(207) 865 – 3307 | freeportlibrary.com

## Volunteer Application

### ➤ General Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If student:

Name of school/college: \_\_\_\_\_

Grade/Year: \_\_\_\_\_

### ➤ Volunteer Interests

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Re-shelving Books       | <input type="checkbox"/> Shelf Read the Collection  | <input type="checkbox"/> Dusting      |
| <input type="checkbox"/> Indoor Plant Tending    | <input type="checkbox"/> Outdoor Gardening          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Registered Therapy Dogs | <input type="checkbox"/> Assist w/Youth Programming |                                       |

### ➤ Reason for Volunteering

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Enrichment                     | <input type="checkbox"/> School class/assignment              |
| <input type="checkbox"/> Interest in the library or library work | <input type="checkbox"/> School community service requirement |
| <input type="checkbox"/> Other: _____                            | Total # hours needed: _____                                   |
|  | Date service must be completed: _____                         |

### ➤ Availability

|  |                                   |                                    |                          |
|--|-----------------------------------|------------------------------------|--------------------------|
| <b>What days are you available to volunteer?</b> | <b>What time of day?</b>          | <b>Number of hours per week?</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> Monday                  | <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning   |                          |
| <input type="checkbox"/> Tuesday                 | <input type="checkbox"/> Friday   | <input type="checkbox"/> Afternoon |                          |
| <input type="checkbox"/> Wednesday               | <input type="checkbox"/> Saturday | <input type="checkbox"/> Evening   |                          |

*2-hr min. for volunteers 18+*

Starting Date: \_\_\_\_\_

For how long a period: \_\_\_\_\_

➤ **Emergency Contact**

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

➤ **For Volunteers 18 and Older**

If you are asked to volunteer, the Town will require a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ **For Volunteers 17 and Younger**

To be signed by a parent or guardian.

\_\_\_\_\_ has my permission to volunteer at the Freeport Community Library.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

➤ **Liability Waiver**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Freeport Community Library, I hereby agree, for myself, my heirs, executors, and administrators to release, discharge, and hold harmless the Town of Freeport, its employees, agents, and volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I understand this my volunteer service does not entitle me to employment related benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                         |
|-------------------------|
| <b>Library Use Only</b> |
| Date Received: _____    |
| Date Contacted: _____   |