



Volunteer Application

Date: _____

Print please!

Name: _____
Last First Middle

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

***EMERGENCY CONTACT INFORMATION**

Name: _____ Phone: _____

1. Which department(s) would you like to work with?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Technical services |
| <input type="checkbox"/> Youth area | <input type="checkbox"/> Reference Services |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Custodial Services |

2. What types of volunteer work are you interested in?

- | | |
|---|---|
| <input type="checkbox"/> Shelving books & materials | <input type="checkbox"/> Helping with programs |
| <input type="checkbox"/> Cleaning books & shelves | <input type="checkbox"/> Home daycare book bag delivery |
| <input type="checkbox"/> Book repair | <input type="checkbox"/> Outreach deliveries to seniors |
| <input type="checkbox"/> General clerical work | <input type="checkbox"/> Fundraising/friends of the library |
| <input type="checkbox"/> Grounds work | <input type="checkbox"/> Teaching ESL/language classes |
| <input type="checkbox"/> Computer work/monitor | <input type="checkbox"/> Other: _____ |

3. At what times are you interested in volunteering?

The library is open Mon, Tues, Thurs, Fri 8:30-6 / Wed 8:30-9 / Sat 9-5:30 / Sun 12-6

4. Skills and interests

Education background:	
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Current Occupation:	
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Hobbies, interests, skills:	
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Volunteer experience:	
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5. Have you ever been convicted, imprisoned, placed on probation, or fined for any violation of any law or ordinance (not including parking violations)?

Yes No

If YES, please explain: _____

6. Do you have any medical condition that should be considered in assigning you specific work?

Yes No

If YES, please explain: _____

7. List name and phone numbers of two references.

Name: _____ Phone: _____

Relationship: Employer Family Friend

Name: _____ Phone: _____

Relationship: Employer Family Friend

Please return this form to a library staff member or through the mail.

*Fletcher Free Library
Circulation Department
235 College Street
Burlington, VT 05401*

Thank you for your interest in volunteering. A library staff member will contact you shortly regarding your application!