Nevins Library Volunteer Questionnaire

Name: _______________________________ Date: __________

Address: ____________________________________________________________________________

Telephone: ______________________ Best time to reach you: _______

Age: _____ Birthplace (city, state): ________________________________

Maiden Name (if applicable): ________________________________

I would like to volunteer on a Weekly BiWeekly Monthly As Needed schedule. (Please circle one)

I would like to volunteer for Special Projects Programs Anything

I am available (circle days): M Tu W Th Fr Sat

I am available Mornings Afternoons Evenings

The library has a variety of tasks and programs available for volunteers. Please check those that sound most like what you would like to do:

___ Home Delivery - delivering books to homes
___ Shelf reading - Making sure books are in the right order on shelf
___ Assisting Librarians – special projects and programs
___ Assisting with the Book Sale – sorting and/or set up
___ Assisting with Mailing – folding, stamping
___ Shelf cleaning / Dusting
___ Children’s Room – prepare crafts, special project

Do you have special skills or interests? Examples: typing, filing, computer skills, previous library experience, etc.
Do you have any physical limitations? If so, please describe what types of jobs you would be unable to perform.

Do you have transportation to and from the library?

Are you looking to fulfill a service obligation? If yes, please provide details.

In case of an emergency, please contact:

Name _______________________________ Phone: _______________

Relationship to you _______________________________

I understand that as a volunteer, I am expected to carry adequate liability insurance. Nevins Memorial Library is not responsible for any injury sustained as a volunteer.

According to the Methuen Town Ordinance, all volunteers are subject to a criminal background check.

Volunteers must be contributing to the good of the Library and will be evaluated on an ongoing basis.

I understand and agree with the above statements.

Signature: ______________________________ Date: _____________

Parent/Guardian Signature for person under 16 years of age:

______________________________________