

Nevins Library Volunteer Questionnaire

NOTE: If you are completing court-ordered community service hours, please do NOT use this form and contact Mrs. Beverly Winn 978-686-4080 x31 bwinn@nevinslibrary.org

Name: _____ Date: _____

Address: _____

Telephone: _____ Best time to reach you: _____

Email address: _____

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 on-going basis.

I understand and agree with the above statements.

Signature: _____ Date: _____

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