



Agawam Public Library Volunteer Application Form

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

IF UNDER 18: AGE: _____ PARENTAL SIGNATURE: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: _____

WHAT DAYS/TIME ARE YOU AVAILABLE TO VOLUNTEER?

MONDAY(9-9) TUESDAY(9-9) WEDNESDAY(9-9) THURSDAY(9-9) FRIDAY(10-6) SATURDAY (10-5)

PLEASE COMPLETE IF YOU NEED COMMUNITY SERVICE HOURS FOR SCHOOL OR OTHER

SCHOOL: _____ OTHER: _____

HOURS NEEDED: _____ COMPLETED BY DATE: _____

Adult volunteer applicants must fill out a CORI form in the personnel office at the Agawam Town Hall on 36 Main St. Home delivery drivers must also sign a Town of Agawam 2021 Release from Liability and Indemnity Agreement.

HAVE YOU EVER WORKED/VOLUNTEERED AT A LIBRARY BEFORE? YES _____ NO _____

IF YES, WHERE, AND WHAT WORK DID YOU DO? _____

DO YOU HAVE ANY INTERESTS, SKILLS OR HOBBIES THAT MIGHT BE USEFUL AT THE LIBRARY?

DO YOU KNOW THE DEWEY DECIMAL SYSTEM? YES _____ NO _____ NOT SURE _____

VOLUNTEER WORK PREFERRED (CHECK ANY AREAS OF INTEREST-NOT A GUARANTEE):

- Home Delivery Driver

SIGNATURE: _____ DATE: _____

(Applications are kept on file for 1 year and applicants are contacted ONLY when new volunteers are needed.)

FOR LIBRARY USE ONLY

Date Received: _____ Received by: _____ CORI: _____

Assigned Day/Time: _____ Assigned Task: _____