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):

  o 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: __________________________________________