



NORTHVILLE DISTRICT LIBRARY

# VOLUNTEER APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE: \_\_\_\_\_

Please state briefly why you wish to volunteer at the library. If there is a deadline to meet a service requirement, please indicate that date and how many hours are required:

Please check any special skills or interests::

\_\_\_\_\_ Word processing

\_\_\_\_\_ Experience with Excel

\_\_\_\_\_ Graphic arts

\_\_\_\_\_ Other \_\_\_\_\_

Are there any physical limitations that would restrict your activities? \_\_\_\_\_

**Because staff are less available to assist during evening and weekend hours, volunteering at these times is LIMITED. Please circle the days and times you would prefer.**

DAYS: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.      TIMES: Mornings    Afternoons

**Volunteers carry out tasks and special projects at the library that enhance service to the public. Typical assignments include:**

-Assist with shelving projects

-Check holdings on the Online Catalog

-Add or remove labels

-Unload delivery bins

-Assist with youth program preparation

-Update computer records

-Repair books

-Check and clean compact discs

-Search for missing items

-Check game discs

-Program RFID tags

-Make photocopies

**SIGN:** \_\_\_\_\_

12/7/12

**FOR LIBRARY USE**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Date started: \_\_\_\_\_

Orientation/Training

Department/assignment:

Schedule/availability:

EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_