



Volunteer Application

Old Town Public Library 46 Middle Street, Old Town, Maine 04468 207-827-3972

Contact Information

Name _____

Street Address _____

City ST ZIP Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Availability

During which hours are you available for volunteer assignments? (Please select any that apply)

Weekdays

Saturdays

10 a.m.

1 p.m.

4 p.m.

11 a.m.

2 p.m.

5 p.m.

12 p.m.

3 p.m.

6 p.m.

How many hours are you willing to work at a time? _____

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Dusting/cleaning of shelves & counters | <input type="checkbox"/> Putting books away |
| <input type="checkbox"/> Help with displays | <input type="checkbox"/> Clean up in Children's section |
| <input type="checkbox"/> Help with programs & cleanup | <input type="checkbox"/> Genealogy searches |
| <input type="checkbox"/> Help with Interlibrary Loan | <input type="checkbox"/> Book Sale |
| <input type="checkbox"/> Cleaning Books | <input type="checkbox"/> Other(Specify) |
| <input type="checkbox"/> Straightening & alphabetizing shelves | _____ |

Special Skills, Qualifications or Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

