Volunteer Application Form

Thank you for your interest in volunteering with Eastern Shore Public Library Foundation, Inc. Volunteers play a vital role in our organization. The purpose of the Eastern Shore Public Library Foundation is to ensure the long-term financial stability of the Eastern Shore Public Library by securing private financial support and grants for capital needs and endowments.

Personal Details

Name: _____________________________________ Mr. □ Mrs. □ Ms. □ Other □
Postal Address: _________________________________________________________________
Telephone: (Home) _________________________ (Mobile) _________________________
E-Mail: ________________________________________________________________

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____________________________________ Relationship: _________________________
Telephone: (Home) _________________________ (Mobile) _________________________

Your Skills and Interests

Have you ever done any voluntary work before? Yes □ No □
If you answered yes, please tell us a little about the experience.

Why do you want to volunteer now? What has motivated you to get in touch with us?


Do you have any particular skills or qualities that you could use in your voluntary work?


Volunteer Opportunities

Kindly check all volunteer areas of interest: (See Attachment with Committee Descriptions)

☐ Master Mailing List
☐ Chairman’s Letters
☐ Publicity Committee (IT, Local and Social Media)
☐ Grants, Foundation, and Corporate Solicitation Committee
☐ Capital Campaign Committee

Updated: 01/29/2019
Volunteer Timeline

When are you available for voluntary work?   □ Totally Flexible

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How long do you intend to volunteer for? _______________________________________________

Are you able to lift 10 pounds or more? _______ Yes __________ No

How did you find out about volunteering with Foundation?
___Local Media   ___Social Media   __ Community Event ____ Friend ___Other: _____________

WAIVER OF LIABILITY-The Foundation agrees to treat all volunteers with dignity and respect. The purpose of this document is to release The Foundation from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services.

Volunteer’s Signature___________________________________ Date: _______________________

CONFIDENTIALLY POLICY - The Foundation requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the committee to which they are assigned. AGREEMENT: I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service.

Volunteer’s Signature___________________________________ Date: _______________________

Mail this completed application to: Eastern Shore Public Library Foundation, P.O. Box 554, Accomac, VA 23301.

For office use only: Volunteer Ref # ________ Date _______

Volunteer Position ______________________________

Volunteer Interview _____________________________

Volunteer Role Description sent ___________________

Volunteer Start Date ____________________________

Updated: 01/29/2019