



Volunteer Application Form

Thank you for your interest in volunteering with Eastern Shore Public Library System. Volunteers play a vital role in our work in the community.

Personal Details

Name: _____ Mr. Mrs. Ms. Other

Age: 16-18 18+

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.

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:

- Distributing Calendars / Fliers
- Dusting shelves and straightening books
- Shelf Reading
- Assisting at Library Programs
- Outreach Events
- Other

Volunteer Timeline

When are you available for voluntary work? Totally Flexible
 What location(s) are you available to work? Parksley Nassawadox

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How long do you intend to volunteer for? _____
 Are you able to lift 10 pounds or more? _____ Yes _____ No

WAIVER OF LIABILITY-The Eastern Shore Public library agrees to treat all volunteers with dignity and respect. The purpose of this document is to release the Eastern Shore Public Library 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 Eastern Shore Public Library 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, P. O. Box 25, Parksley, VA 23421, or deliver to any ESPL Library.

<p>For office use only: Volunteer Ref # _____ Date _____</p> <p>Volunteer Position _____</p> <p>Volunteer Interview _____</p> <p>Volunteer Role Description sent _____</p> <p>Volunteer Start Date _____</p>
