



VOLUNTEER APPLICATION (under 18 must also complete the back)

The Robbins Library Volunteer Program is designed to expand and enhance public service to the community. Volunteers generally provide support services to paid staff; or work on special projects. Volunteers are expected to act in accordance with library policies and to reflect positive customer service attitudes to all library patrons.

NAME _____ PREFERRED NAME _____
 STREET _____ TOWN _____ ZIP _____
 PHONE _____ EMAIL _____

PERSON WE MAY CONTACT IN AN EMERGENCY:

NAME _____ RELATION _____
 PHONE _____

_____ I would like to volunteer at Robbins _____ at Fox Branch

_____ I would like to be contacted by the Friends of the Robbins Library about other volunteer opportunities. -Volunteers help with fundraising activities and programs, serve on various committees (programs, membership, fundraising, publicity), assist with Book Sales, and/or may choose to serve on the Friends Board.

Volunteer Interests: (Check all that apply)

_____ Shelving Items _____ Publicity _____ Short term Projects

Please tell us about any skills, talents, languages, etc that may benefit the library
 (Example:computer skills) _____

Days/times that are best for you:

	9-noon	12-3pm	3-5pm	5-9pm
Mondays	_____	_____	_____	_____
Tuesdays	_____	_____	_____	_____
Wednesdays	_____	_____	_____	_____
Thursdays	_____	_____	_____	_____
Fridays	_____	_____	_____	_____
Saturdays	_____	_____	_____	_____

As a volunteer for Robbins Library, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

School _____ Town _____

Grade _____

How many hours are needed for community service? _____

Are you volunteering anywhere else to complete these hours? NO _____ YES _____

Will you continue volunteering after these hours are complete? NO _____ YES _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Date _____

My child _____ has my permission to work as a volunteer at the Robbins Library/Fox Branch Library. I understand that they will be donating approximately three hours each week, for a minimum of three months.

(Signature of parent)

(Phone)