

Jaffrey Public Library
VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Phone _____ Cell _____

Email _____

Emergency Contact _____ phone _____

Age if between 14 & 17 _____ (Youth Employment Certificate/Parental Permission required)

Previous Volunteer Experience _____

Have you volunteered or worked in a library before? _____

Please list any special skills that may be of interest to the Library: _____

Please list any special accommodations we need to consider: _____

Availability (**Circle all that apply**) Mon. Tues. Wed. Thurs. Fri. Sat.

Times: _____

How long do you plan to serve as a volunteer?

_____ Short-term

_____ Regular, on-going (A background check will be required for adults.)

Confidentiality Agreement:

_____ I understand that it is the policy of the Jaffrey Public Library to protect the privacy of those who use the Library. I also understand that during my volunteer service, I may have access to personal information about Library patrons, including their requests for materials. I agree to hold all information in complete confidence. In addition, I understand that a breach of confidentiality is grounds for dismissal for volunteer services.

_____ I have received a copy of the Public Volunteer Policy and agree to abide by its terms.

Applicant Signature _____ **Date** _____