

**ANDOVER PUBLIC LIBRARY  
VOLUNTEER APPLICATION  
Must be 16 to volunteer**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

***In case of emergency, please contact:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Do you have any special requirements or medical conditions that we should be aware of as you volunteer? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Please list any special skills or interests you have that may be helpful to the library:

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After reviewing the job description, are you able to perform the functions of the job with reasonable accommodation? \_\_\_\_\_ If no, what accommodations are needed?

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How did you hear about the volunteer opportunity at APL? \_\_\_\_\_

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Please list your education and training experience \_\_\_\_\_

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Please list your employment and volunteer history for the last five years (list dates and supervisor) \_\_\_\_\_

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Do you have experience working with seniors, youth, disabled or diverse populations or financially disadvantaged people? If yes, please share your experiences \_\_\_\_\_

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Do you have a vehicle or access to transportation? \_\_\_\_\_

Availability: Please specify times available to volunteer. Morning: 9-12; afternoon: 12-5; evening: 5-8. Note that hours may vary, these are not shifts, but preferences only.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Could you work on call? \_\_\_\_\_ Flexible? \_\_\_\_\_

References not related to applicant:

(#1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Relationship \_\_\_\_\_

(#2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Relationship \_\_\_\_\_

***Criminal History Background:***

Within the last seven years, have you been convicted of a violation other than a minor traffic offense? \_\_\_\_\_ If convicted, please explain the date and nature of the offense \_\_\_\_\_

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**I hereby certify that the information on this application is true and complete. My signature authorizes APL to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking with APL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Parental Release (use only for youth under 18 years of age):***

\_\_\_\_\_ has my permission to accept an assignment as a volunteer for APL.

Signature of guardian \_\_\_\_\_ Date \_\_\_\_\_

***Waiver of Indemnification (must be signed):***

The undersigned volunteer, or his/her legal guardian, understands the nature and content of his/her duties, and, in consideration of being permitted to participate in the volunteer

program, agrees as follows:

1. To waive and release any and all claims for injuries and/or damages against Andover Public Library, its officers, agents and employees which may arise out of, or in any way be connected with the manner in which the program is conducted or my participation in the program, and;
2. To defend, indemnify and hold harmless Andover Public Library, its officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of or in any way be connected with the manner in which the program is conducted or my participation in the program.

I authorize Andover Public Library or its agents at the time of my application for volunteer or during my service to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature \_\_\_\_\_ Date \_\_\_\_\_

7/09