WORCESTER COUNTY LIBRARY

VOLUNTEER INTEREST FORM

Instructions: Applicants must be at least 18 years of age. Answer every question clearly, completely and to the best of your ability. Where a question does not apply, answer "none" or "N/A". Completed applications may be returned in person to any Worcester County branch or emailed to: contact@worcesterlibrary.org.

Personal Information

_____

Last Name First Name M.I.

_____

Address:

_____

Street Apt#

_____

City State Zip

Telephone: _____

Email Address:_____

Are you at least 18 years old?

- ☐ Yes
- ☐ No

Primary method of notification:

- ☐ Telephone
- ☐ Email
- ☐ Either one works for me!

How do you want to connect or contribute?

- ☐ Adopt-a-shelf - select an area of the library to take on as a regular responsibility; at least one hour a week is requested to maintain the area.
- ☐ Shelving - return items to the correct places, locate items that are out of order, etc.
- ☐ Cleaning - sanitize toys, dust shelves, clean book covers, etc
- ☐ Program prep work - cut out and prepare for crafts, event set-up, etc.
- ☐ Reading Buddies volunteer - please see volunteer description located at WorcesterLibrary.org/volunteer; "Reading Buddies" are paired with an elementary aged student to practice reading and early literacy skills; requires a background check
- ☐ No preference
- ☐ Other; if you selected other, please tell us how you would like to contribute:

  _____

  _____

  _____

  _____

Which branch would you like to be assigned to?

- ☐ Berlin
- ☐ Ocean City
- ☐ Ocean Pines
- ☐ Pocomoke
- ☐ Snow Hill

Please <u>circle</u> the days and times you are available to volunteer:

Monday	10 am - 12 noon	12 noon - 2pm	2 pm - 4 pm
Tuesday	10 am - 12 noon	12 noon - 2pm	2 pm - 4 pm
Wednesday	10 am - 12 noon	12 noon - 2pm	2 pm - 4 pm
Thursday	10 am - 12 noon	12 noon - 2pm	2 pm - 4 pm
Friday	10 am - 12 noon	12 noon - 2pm	2 pm - 4 pm

Will you need any special accommodation?

- ☐ **Yes**
- ☐ **No**

If yes, please indicate what accommodations are needed:

_____

_____

_____

_____

Please describe any recent experience volunteering or working in a paid position. Feel free to share any special interests, hobbies, you may have.

_____

_____

_____

_____

Emergency Contact

Please provide the name AND telephone number of someone we can contact in case of an emergency:

_____

_____

Thank you for your interest in volunteering at Worcester County Library. Once you have submitted this application you will be contacted to match your skills and interests with volunteer jobs at the library.

My signature on this application indicates my agreement to abide by all the rules, regulations and policies of Worcester County Library. I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that falsified statements made on this application may cause removal from the program.

_____

Signature Date