



Providence Public Library Volunteer Application

Name (Please print full name): _____ Date: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____ Work Phone: _____

E-mail: _____

The Best place to contact me is: _____ Time: _____

EMERGENCY CONTACT INFO: _____

Name & Phone Number

_____ Currently employed _____ Currently not working _____ Retired _____ Student

If Student, list highest degree received: _____

How did you learn about our Volunteer program?

_____ School/College _____ Agency _____
 _____ Library Web page _____ Friend _____
 _____ Library Staff _____ Other _____

Do you have other volunteer experience? If yes, please describe: _____

Why are you interested in being a volunteer at the Library? _____

What is your availability?

DAY	TIME(s) AVAILABLE
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

NOTE: Volunteers are expected to make a minimum commitment of 12 weeks, regardless of the number of weekly hours.

Please list any skill, special training, degrees, work experience, or interests that you have that may contribute to your volunteer efforts (for example: foreign language, musical or artistic skills, web skills, etc.) _____

Areas of interest — Please Number Your Top Three Choices 1-2-3.

- | | |
|--------------------------------|--|
| _____ Maintaining book shelves | _____ Volunteer coordinating |
| _____ Program assistance | _____ Photography/videography |
| _____ Window displays | _____ Program promotion assistance |
| _____ Web page maintenance | _____ Office/clerical |
| _____ Social media/writing | _____ Graphic design |
| _____ Book group leader | _____ Book sale |
| _____ DVD cleaning | _____ Literacy (ESOL) classroom tutor |
| _____ Unpacking books | _____ Literacy (ESOL) one on one tutor |
| _____ Other: _____ | |

PLEASE NOTE THAT VOLUNTEERS ASSIGNED TO BOOK SHELF MAINTENANCE WILL BE REQUIRED TO PASS A SIMPLE TEST OF BASIC ALPHABETIZATION.

PERMISSION from a parent or guardian REQUIRED for youth under ages 16 to 18 (no volunteers under age 16):

_____, age _____ has my permission to volunteer at Providence Public Library.
(youth's name)

Parent/Guardian Print Name Signature & Date of parent/guardian Phone #

REFERENCES: Please list two people who are not relatives whom we may contact as personal reference for you. This section MUST BE COMPLETED PRIOR to submitting your application.

1. Name: _____ Relationship: _____
Address: _____
Phone Number: _____

2. Name: _____ Relationship: _____
Address: _____
Phone Number: _____

If I am chosen to volunteer I agree to obtain a BCI (background criminal investigation) check prior to starting my volunteer hours.

I regard my assignment as a serious commitment, respect confidentiality and abide by the policies of the Providence Public Library. I also agree to maintain communication with the supervisor regarding my assignment and request clarification when necessary.

Volunteer's Signature & Date

**Completed applications can be sent to: hr@provlb.org OR faxed to 401-455-8004 OR MAILED TO
The Providence Public Library, Attn: HR, 150 Empire Street, Providence, RI 02903**