



Providence Public Library Volunteer Application

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

Address: _____

City/State/Zip: _____

Contact Phone: _____ Work Phone: _____

E-mail: _____

The best way to contact me is by: Phone E-mail Other: _____

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	

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.

- | | |
|---|---|
| <input type="checkbox"/> Maintaining book shelves | <input type="checkbox"/> Unpacking books |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Volunteer coordinating |
| <input type="checkbox"/> Tour guide | <input type="checkbox"/> Photography/videography |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Program promotion assistance |
| <input type="checkbox"/> Program assistance | <input type="checkbox"/> Office/clerical |
| <input type="checkbox"/> Window displays | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Web page maintenance | <input type="checkbox"/> Book sale |
| <input type="checkbox"/> Social media/writing | <input type="checkbox"/> Literacy (ESOL) classroom tutor |
| <input type="checkbox"/> Book group leader | <input type="checkbox"/> Literacy (ESOL) one on one tutor |
| <input type="checkbox"/> DVD cleaning | |
| <input type="checkbox"/> 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 age 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:
e-mailed to: hr@provlb.org
OR MAILED TO
The Providence Public Library
Attn: HR
150 Empire Street
Providence, RI 02903**