



VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Please check areas of interest and experience.

	<u>Interest</u>	<u>Experience</u>
<u>Collection and Materials</u>		
Patron Services, Circulation Desk	<input type="checkbox"/>	<input type="checkbox"/>
Shelve books, magazines, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Materials Prep: Cover books	<input type="checkbox"/>	<input type="checkbox"/>
Materials Prep: Enter digital records	<input type="checkbox"/>	<input type="checkbox"/>

<u>Administrative Tasks</u>		
Help prepare reports and statistics	<input type="checkbox"/>	<input type="checkbox"/>
Online record keeping	<input type="checkbox"/>	<input type="checkbox"/>
Order materials & supplies	<input type="checkbox"/>	<input type="checkbox"/>
Assist with grant writing	<input type="checkbox"/>	<input type="checkbox"/>
Prepare mailings	<input type="checkbox"/>	<input type="checkbox"/>

<u>Programming</u>		
Assist with Children's Story Time	<input type="checkbox"/>	<input type="checkbox"/>
Teach computer skills	<input type="checkbox"/>	<input type="checkbox"/>
Help with event set up/take down	<input type="checkbox"/>	<input type="checkbox"/>
Share a skill or hobby _____		
Teach a class or workshop _____		

<u>Community Outreach</u>		
Social media work	<input type="checkbox"/>	<input type="checkbox"/>
Website maintenance and upkeep	<input type="checkbox"/>	<input type="checkbox"/>
Write articles	<input type="checkbox"/>	<input type="checkbox"/>

<u>Facilities Maintenance</u>		
Light cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Deep cleaning once a year	<input type="checkbox"/>	<input type="checkbox"/>
Yard work	<input type="checkbox"/>	<input type="checkbox"/>

If you have volunteered before, please list places and describe work activities on the back.

Return this form to the Circulation Desk or mail to:
Millinocket Memorial Library
5 Maine Avenue
Millinocket, ME 04462

Check days you prefer to volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Check times you prefer to volunteer:

- Morning
- Afternoon
- Evening

hours/week you'd like to volunteer: _____

How often would you like to volunteer?

- Once a week
- 2 or more times per week
- Occasionally

Please check position(s) you'd like to apply for:

- Patron Services Specialist** is responsible for providing an excellent customer experience for all visitors.
- Materials Specialist** will perform the variety of tasks necessary to facilitate the flow of materials in and out of the library.
- Administrative Specialist** will assist the Library Director with administrative tasks in the areas of data reporting, finance, fundraising, and general office work.
- Children's Room Specialist** will provide library services to children and their parents or caregivers, including assisting with programmed activities.
- Custodial Specialist** will ensure that the library looks clean and inviting.

Please see attached Background Check form.

*Please bring the names and contact information for two references, **at least one professional**, when you come in for your interview.*

Thanks for your interest!



MILLINOCKET MEMORIAL LIBRARY

5 Maine Ave | Millinocket, ME 04462 | (207) 723-7020

BACKGROUND CHECK

It is the policy of the Millinocket Memorial Library of Millinocket to conduct background checks on all potential volunteers. Volunteering with the Library is contingent on the results of such checks. In order to conduct the check, birth date is required. Please provide us with your birth date, sign the waiver, and return to the Library Circulation Desk.

Full Name: _____ Birth Date: _____

Any other name used (including maiden name): _____

I understand that the above information, which I have voluntarily provided, will be used solely for the purpose of a background check. It will not be used for any other reason until such time as I become a Library Volunteer.

Signature: _____ Date: _____



**Millinocket Memorial Library
Volunteer Application References**

Applicant Name: _____

Reference 1

Name: _____

Phone: _____

Relationship to Applicant: _____

Reference 2

Name: _____

Phone: _____

Relationship to Applicant: _____

**Please note that one of the above references
should be a professional or volunteer reference.**

Staff use:

Date reference #1 checked:

Date reference #2 checked:

Notes: