



# TOPSHAM PUBLIC LIBRARY

*a community center for all ages*

## Library Volunteer Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (cell or work) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Volunteer Availability:

Days/Times available:  Tuesday  Wednesday  Thursday  Friday  Saturday

\_\_\_\_\_  
\_\_\_\_\_

Skills: Please list any skills, experiences, or previous volunteer services, which may be of benefit in volunteering at the library: \_\_\_\_\_

\_\_\_\_\_

Restrictions: Is there anything that would prevent you from doing any of the volunteer activities? If so, please indicate how we might accommodate your needs:

\_\_\_\_\_

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

*By signing this document, I give permission for Topsham Public Library to use photos/stories taken during volunteer hours for public relations purposes. **Background checks are required for all volunteers over the age of 18.***