

Andover Public Library Volunteer Application
Must be 16 to volunteer

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Home phone _____ Cell/work phone _____

Email _____

In case of emergency, please contact:

Name _____ Relationship _____

Home phone _____ Cell/work phone _____

Volunteers may be asked to lift at least 10 pounds, shelve books at various heights on the shelves, move heavy book trucks within the library, stoop, bend and stand for long periods of time.

Do you have any special requirements or medical conditions that we should be aware of as you

volunteer? _____ If yes, please describe _____

Please list any special skills or interests you have that may be helpful to the library: _____

After reviewing the job description, are you able to perform the functions of the job with reasonable accommodation? _____ If no, what accommodations are needed? _____

How did you hear about the volunteer opportunity at APL? _____

Please list your education and training experience _____

Please list your employment and volunteer history for the last five years [list dates and supervisor]

Do you have experience working with seniors, youth, disabled or diverse populations or financially disadvantaged people? If yes, please share your experiences _____

Do you have a vehicle or access to transportation? _____

Availability: Please specify times available to volunteer.
Note that hours may vary, these are not shifts, but preferences only.

Morning 9-12

Afternoon 12-5

Evenings 5-8

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Could you work on call? _____ Flexible? _____

References not related to applicant:

#1] Name _____ Phone _____

Address _____

Relationship _____

#2] Name _____ Phone _____

Address _____

Relationship _____

Criminal History Background:

Within the last seven years, have you been convicted of a violation other than a minor traffic offense?
_____ If convicted, please explain the date and nature of the offense _____

I hereby certify that the information on this application is true and complete. My signature authorizes APL to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking with Andover Public Library.

Signature _____ Date _____

Parental Release [use only for youth under 18 years of age]:

_____ has my permission to accept an
Assignment as a volunteer for Andover Public Library.

Signature of guardian _____ Date _____

Waiver of Indemnification [must be signed]:

The undersigned volunteer, or his/her legal guardian, understands the nature and content of his/her duties, And, in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries and/or damages against Andover Public Library, its officers, agents and employees which may arise out of, or in any way be connected with the manner in which the program is conducted or my participation in the program, and;
2. To defend, indemnify and hold harmless Andover Public Library, its officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of or in any way be connected with the manner in which the program is conducted or my participation in the program.

I authorize Andover Public Library or its agents at the time of my application for volunteer or during My service to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature _____ Date _____

2/06

3/10