



Adult Volunteer Application

PERSONAL INFORMATION

Date _____

Name _____

Address _____

Phone _____ Email _____

Are you 18 years of age or older? Y N Emergency contact: _____

Birthday (day & month only) _____

Computer Skills (check those that you know) _____ Internet _____ Word _____ Excel

_____ PowerPoint _____ Publisher _____ Dreamweaver/Studio MX _____ Access

Other (please list) _____

VOLUNTEER INFORMATION

Previous Volunteer Experience: _____

Reason for Volunteering: _____

Special skills or hobbies you can bring to your volunteer role: _____

Current projects preference (see attached sheet) _____

Do you require any special accommodations? _____

Write the times for each day you are available to work:

Mondays _____ Fridays _____

Tuesdays _____ Saturdays _____

Wednesdays _____ Sundays _____

Thursdays _____

Confidentiality Agreement:

I understand that I will come in contact with confidential information that I am not to discuss with anyone not directly involved with the Chelsea District Library. If this confidentiality is violated, I will be asked to sever all ties to the volunteer program.

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Photo Release:

I give Chelsea District Library permission to publish and use the photographs they have taken of me, named below, for editorial, illustration, advertising or trade purposes. I grant these rights to Chelsea District Library, their photo agency and agents.

Volunteer Signature: _____ Date: _____

PLEASE NOTE:

You may be scheduled for an interview, depending on availability and library needs.

Assigned to: _____ Date assigned: _____

**The Friends of the library grant honorary membership
for registered library volunteers.
Thank you for being a Friend!**