

# Osterville Village Library Volunteer Form



Please print:

**Name:** Name \_\_\_\_\_ Dates: \_\_\_/\_\_\_/\_\_\_

Mailing address \_\_\_\_\_

Town/city state zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

List past work experience (including volunteer work). Highlight the experience which you feel might be applicable to library work.

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

List other skills and special knowledge you have which might be beneficial to the library.

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

Are you computer literate? \_\_\_\_\_ Circle the programs you can use: word, access, excel, publisher. Any others? \_\_\_\_\_

Hobbies, skills, special interests: \_\_\_\_\_

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

## What type of volunteer work are you interested in doing?

Check as many as applicable.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> programming                       | <input type="checkbox"/> shelving                | <input type="checkbox"/> computer assistances     |
| <input type="checkbox"/> social events                     | <input type="checkbox"/> publicity               | <input type="checkbox"/> children's room projects |
| <input type="checkbox"/> decorating                        | <input type="checkbox"/> story time guest reader | <input type="checkbox"/> book store               |
| <input type="checkbox"/> outreach to disabled or homebound | <input type="checkbox"/> as needed               |   |
| <input type="checkbox"/> Other: _____                      |  |   |

How much time can you give? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Days you would prefer to volunteer (circle those which apply): M T W TH F SAT SUN

Would you prefer (circle one or more) Mornings Afternoons

Anything else you would like us to know about you?

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

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

*Thank you for your interest in volunteering your time and talents to the Osterville Village Library!*