



**West Warwick Public Library**

1043 Main Street  
West Warwick, RI 02893  
401-828-3750  
wwlibrary.org

**Volunteer Application**

Position for which you are applying \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**Volunteers under 18 must have a parent/guardian complete the consent below.**

Are you over 18 years old?  Yes  No

I give permission for the above applicant to volunteer at the West Warwick Public Library for a maximum of \_\_\_\_\_  
hours per week. I can be reached at home / work / cell phone \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

**OCCUPATION AND/OR EDUCATION**

Are you a student?  Yes  No Which school do you attend? \_\_\_\_\_

Circle highest grade completed 6 7 8 9 10 11 12 College (years or degrees completed) \_\_\_\_\_

Current Employer and Position \_\_\_\_\_

**VOLUNTEER INTERESTS**

Volunteer assignments I am interested in

- Shelving books
- Repairing books
- Working with children
- After-School Homework Helper
- Computer assistance
- Research
- Bookstore
- Library Greeter
- Other \_\_\_\_\_

**SKILLS**

Please check all that you are familiar with

- PCs
- MS Word
- MS Publisher
- MS Excel
- Internet
- Email
- Other \_\_\_\_\_

What special interests or skills do you have that may help us to match you with the best volunteer assignment?

\_\_\_\_\_  
What language(s) other than English do you speak? \_\_\_\_\_

Write? \_\_\_\_\_ Read? \_\_\_\_\_

**REFERENCE** Please provide a personal or professional reference other than a family member.

Personal  Professional (ie. employer, teacher, supervisor)

Name	Address	Phone
Name Relationship		Home - Cell -

**AVAILABILITY**

Mondays - time \_\_\_\_\_ Are there specific dates or a certain number of hours you would like to volunteer ? Please Explain. \_\_\_\_\_

Tuesdays - time \_\_\_\_\_ \_\_\_\_\_

Wednesdays - time \_\_\_\_\_ \_\_\_\_\_

Thursdays - time \_\_\_\_\_ \_\_\_\_\_

Fridays - time \_\_\_\_\_ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Is there anything else you would like us to know about you? (ie. hobbies, interests, limitations, transportation needs, etc.)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation?

Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please note that all library volunteer positions are subject to a background check. A conviction will not necessarily preclude your volunteering. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

*I authorize the West Warwick Public Library to make inquiries regarding experience and character, and to certify that all statements made on this application are true.*

Your signature indicates that you understand that there is no compensation for volunteer services at the West Warwick Public Library.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interview Date \_\_\_\_\_ Interviewed by \_\_\_\_\_ Recommend for position?  Yes  No

Requested Start Date \_\_\_\_\_ Assignment \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_