

# Volunteer Application

## Paul Sawyer Public Library

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Street Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail address \_\_\_\_\_

Are you required to volunteer? \_\_\_ Yes \_\_\_ No If yes, please explain.

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

Please tell us why you want to volunteer with the Library. What skills and qualities do you feel you have to contribute to the Library?

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

Have you ever been convicted of violating any law? (Omit minor traffic violations) \_\_\_ Yes \_\_\_ No

### Emergency contact information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### Availability and Volunteer Assignment Preferences Please check all that are applicable

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mornings      | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri)    |
| <input type="checkbox"/> Weekends      | <input type="checkbox"/> Once a Week          | <input type="checkbox"/> More than Once a Week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed            | <input type="checkbox"/> Other                 |

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

**Please email completed application to Valorie Peduto at [HR@pspl.org](mailto:HR@pspl.org).**

Please note the Paul Sawyer Public Library reserves the right to have a background check conducted on volunteers.