

Volunteer Application Form

Fill out & save PDF for your records. Use submit button or email PDF to: Milford.Library@lib.de.us



CONTACT INFORMATION

Name: _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

ABILITIES AND SCHEDULING (Check all that apply)

Highest level of education: _____ Work experience: _____

Skill or Trade: _____

Previous library experience: _____ Where: _____

Volunteer job(s) of preference: _____

● What days and times can you volunteer?

Day of Week Mornings Afternoons Evenings Special Projects/Events

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

● Any special accommodations?

Poor Vision: _____

Back problems: _____

Hearing: _____

Standing: _____

Other: _____

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LEGALITY

Would you be willing to undergo a background check? Yes No

Date of Birth *needed for background check.

Have you ever been convicted of a crime? Yes No

If yes, list any and all such instances regardless of disposition.

Date: _____ Charge: _____

Details:

Disclosure does not affect volunteer status.

Please understand that if selected to be a volunteer, all volunteering opportunities at the Milford Public Library begin with a three month trial basis. This includes training and finding a fit for the volunteer and the work that needs to be done. Volunteers are expected to be prompt and professional. If a volunteer doesn't have the ability to do the work that needs to be done, isn't a 'fit' with the organizational culture, is unprofessional, isn't willing to learn new skills, or difficult to contact, their partnership of volunteering may be terminated.

Volunteer Coordinator: _____

I agree to volunteer my unpaid services to the Milford Public Library and abide by all the policies and regulations. I understand that I am not employed by the Milford Public Library, nor am I eligible for any of the benefits of an employee. I also understand that if I feel I cannot perform my duties efficiently, or if my work is unsatisfactory, this agreement may be canceled.

Signature: _____

Digital Signature accepted and use Submit Application button or email PDF to: milford.library@lib.de.us.

You can also fill out, print and sign - drop off or mail to Milford Public Library, 11 SE Front St. Milford, DE 19963.

If under 18 (under 14 need not apply):

Date of birth: _____

Parent or Guardian name: _____

Signature of Parent or Guardian: _____