



BILLERICA
PUBLIC LIBRARY

Volunteer Application

Volunteer Contact Information

Name	
Street Address	
City, State, and ZIP Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	
Best way to contact you?	
Date of birth	

Emergency Contact Information

Name	
Street Address	
City, State, and ZIP Code	
Home Phone	
Work or Cell Phone	
Relationship to Applicant	

Availability

During which hours are you available for volunteer assignments? (Note: There is a minimum requirement of 2-hours per volunteer shift.)

___ Monday Time:

___ Tuesday Time:

___ Wednesday Time:

___ Thursday Time:

___ Friday Time:

___ Saturday Time:

Since the library relies on volunteers, once a schedule is agreed upon, volunteers are expected to notify the library if they are unable to work their scheduled shift.

Commitment of Hours

___ I would like to volunteer on an ongoing basis at ___ hours per week.

___ I would like to volunteer until _____ (date) at ___ hours per week.

___ I would like to volunteer for ___ hours total to fulfill a Senior Property Tax Program requirement.

___ I would like to volunteer for ___ hours total to fulfill a community service requirement mandated by an outside agency.

___ I would just like to volunteer occasionally when extra help is needed.

Sample Volunteer Tasks

Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time.

___ Cleaning	Dusting book stacks
___ Shelving	Putting books and other collections away on the shelves
___ Shelf-reading	Putting books in order, alphabetizing Straightening the

	Alphabetizing collections
____ Sorting	Sorting donations for the Friends of the Library book sales
____ Craft preparation	Preparing paper crafts for children
____ Family Friends events	Assisting at fundraising events
____ Outside work	Weeding, raking, landscaping

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Other Information

Is there any other information you would like us to know about you?

About CORI

Prior to beginning as a volunteer, all applicants over the age of 18, except for those in the Senior Property Tax program, are required to undergo a Criminal Offender Records Information (CORI) check as a final step in the volunteer screening process. In order to complete this process, please bring a driver's license or a passport to the library where you will be provided with a copy of the Billerica Public Library CORI Policy and a CORI form to fill out.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read and understand the terms of the library's Volunteer Policy.

Name (printed): _____ Date: _____

Signature _____

When Do I Start?

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Billerica Public Library.

Please complete and return this application to:

Sharon Lomison
Billerica Public Library
15 Concord Rd.
Billerica, MA 01821
sarchambault@billericalibrary.org

Or fax to 978-670-9493