



Hyannis Public Library
Volunteer Application

Please Print

Name _____

Mailing address _____

Tel: _____ Email _____

Work experience: (Volunteer and Paid)

Knowledge or special skills: _____

Do you have computer skills: Yes ____ No ____

Types of volunteer work you are interested in:

____ Shelving ____ Book Mending ____ Homebound Delivery

____ Mailings ____ Children's crafts & projects

____ Shelf "reading" or straightening ____ audio/ DVD disc cleaning

____ Other (please specify) _____

Dates available:

	Morning	Afternoon	Evening
Monday:	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____

When can you start? _____

Personal References (non-relatives)

Name _____

Address _____

Telephone _____ Email _____

Name _____

Address _____

Telephone _____ Email _____

I grant permission to the Hyannis Library to contact the references I have written on this application. I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge.

Signature _____

Date _____