

Hanson Public Library

Volunteer Application

PERSONAL INFORMATION

Name: _____

Address: _____ Town: _____

Phone: _____ Email: _____

Age: ☐ 18 or older If under age 18, provide age: _____ Grade (if applicable): _____

EMERGENCY CONTACT

Name: _____

Phone: _____ Relationship to Applicant: _____

AVAILABILITY

Next to each day, enter the times you are available:

Times must be within the library's hours, which are listed next to each day.

Mondays (9 am-5 pm): _____ Thursdays (12 pm-8 pm): _____

Tuesdays (12 pm-8 pm): _____ Fridays (9 am-5 pm): _____

Wednesdays (9 am-5 pm): _____ Saturdays (9 am-3 pm): _____

INTERESTS

Reason for volunteering:

☐ Community service requirement

For what program/organization: _____

☐ Work experience/skill development

☐ Personal enrichment

☐ Other (please explain): _____

If applicable: Number of hours required: _____ Completion deadline: _____

Volunteer tasks you are interested in (select all that apply):

	Type of Task	Examples
☐	Library & Organizing	Shelve & retrieve materials; cover books; file/copy; help weed, shift, inventory, & organize collections; maintain book sale; neaten supplies & displays
☐	Digital & Technology	Assist library patrons with technology questions; digitize historical materials
☐	Program & Event	Help manage events (prepare crafts, set up furniture/equipment, check in participants, crowd control, etc.); teach a program, lead a club, or give a

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		performance to share your interests (e.g. chess, knitting, reading to children, playing an instrument)
☐	Cleaning & Maintenance	Dust; wipe surfaces; wash windows; sweep; tend gardens & pull weeds; rake leaves; pick up litter; use your trade skills to assist with projects (e.g. painting, woodworking, repair, etc.)
☐	Library Internship	Working independently and with Library staff, interns are invited to develop a project designed to improve the Library through building the collection, creating reading lists/displays, organizing a program/event, and more

SKILLS

Describe any skills, experience, or qualifications you have that may be relevant:

Some tasks require the ability to walk, bend, kneel, reach, lift, push, etc. Please list any limitations that may impact your volunteer work:

AGREEMENT

I have read the Hanson Public Library's Volunteer Policy and agree to abide by its terms. I understand that the information I provide on this application may be used to conduct Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) checks.

Signature: _____ Date: _____

PARENTAL PERMISSION – REQUIRED IF APPLICANT IS UNDER AGE 18

I grant my child permission to volunteer at the Hanson Public Library and understand that Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) checks may be conducted for my child.

Parent's Name: _____

Parent's Contact Information (if different than applicant's):

Phone: _____ Email: _____

Parent's Signature: _____