

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

## CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Are you 18 or older? Yes No

If under 18, please fill out the information, print and mail or drop off to the library with Parent/Guardian signature:

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_

*(Please fill out, print form and sign. Can scan & email, drop off or mail in)*

## SCHEDULING, ABILITIES, REFERENCES (Check all that apply)

### ● What days and times can you volunteer?

Day of Week      Mornings      Afternoons      Evenings

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

### ● What shift lengths are you comfortable with?

1 Hour                      4 Hours

2 Hour                      6 Hours

### ● Highest level of education: (Choose one)

High School              Graduate School

College                      Not Applicable

### ● References/Work Experience:

(Please include contact name & phone number or email)

CONTACT 1

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CONTACT 2

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### ● What are you physically comfortable doing?

Lifting 25 pounds

Lifting 50 pounds

Standing for extended amounts of time

### ● What type of volunteer work are you comfortable doing?

Shelving

Calling patrons / Talking on phone

Cleaning, filing, office organization

Breaking down boxes, taking out recycling

Moving heavy furniture or equipment

Computer assistance

Helping with programs/activities

Working with children

Working with adults

Working with teens

Delivering library materials (18 yrs and older)

Bending, reaching, and kneeling

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## LEGALITY

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

Have you ever been convicted of a crime?      Yes      No

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

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Details:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Details:

**\*\*\*Please Note: Disclosure does not affect volunteer status\*\*\***

Signature: \_\_\_\_\_

Digital Signature accepted. Save and email PDF to: Millsboro.Library@lib.de.us. You can fill out form, print &amp; sign, mail or drop off.

### How Volunteering with us works:

Please understand that if selected to be a volunteer, all volunteering opportunities at the Millsboro Public Library are to assist staff and patrons with library materials and services in a courteous, professional manner. If a volunteer is found to not be 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. Volunteers are expected to be prompt and professional.