

BEACON FALLS PUBLIC LIBRARY
VOLUNTEER APPLICATION

Name: _____

Address: _____

Home Phone _____ Cell : _____

E-Mail: _____

Emergency Contact (Name & Phone Number):

Availability (List hours available):

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

List past volunteer work you have done:

Describe skills you have that relate to this volunteer position:

Do you have an area of special interest?

BEACON FALLS PUBLIC LIBRARY

APPLICATION FOR VOLUNTEERS

Ages: 14-17

STUDENT NAME: _____ **DATE OF BIRTH:** _____

My son/daughter has permission to participate in Beacon Falls Public Library programs as a volunteer. I understand that I am responsible for transportation to and from the Beacon Falls Public Library or the site where they are assigned.

We understand that behavior that threatens the well being of other participants or staff will result in suspension from the Beacon Falls Public Library. Smoking, the use of drugs, alcohol, or being under their influence of those substances, foul and inappropriate language, possession of a weapon, or gambling will mean immediate expulsion from the Beacon Falls Public Library Volunteer Service.

Student Name: _____ Home Phone: _____

Address: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Start Date: _____

End Date: _____

Scheduled day & time: _____

Interview & Date: _____

Assignments:

BEACON FALLS PUBLIC LIBRARY

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

I, _____ agree to serve as a volunteer with the
Beacon Falls Public Library, in the capacity of _____

I understand that any client information to which I have access, either through written records, electronic communication, meetings, or conducting department business, is privileged and shall be held in strict confidence. Client information that you become aware of will be shared only with the appropriate library staff.

Date _____ Volunteer Signature _____

Date _____ Parent/Guardian _____

Date _____ Library Director _____