The Friends of the Bigelow Free Public Library
Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Volunteer Interests:

☐ Book Sorting/Sales ☐ Membership mailings/database ☐ Beautification/Gardening

☐ Special events ☐ Social Media/Publicity ☐ Executive Board

Special interests or skills _____

_____

Availability:

Day(s) Available: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Time(s) Available: ☐ Mornings ☐ Afternoons ☐ Evenings

Other Info:

Do you have any physical limitations that we should consider when matching you with an opportunity?

☐ No ☐ Yes: _____

Have you ever been convicted of a criminal offense?

☐ No ☐ Yes: _____

I attest the statements are true and correct to the best of my knowledge. I understand that I will be volunteering at my own risk and that The Friends does not assume any responsibility or liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization.

Volunteer Signature: _____ Date: _____

Parent/Guardian signature, if under 18: _____ Date: _____