



# Kennebunk Free Library Volunteer Application

Name: \_\_\_\_\_

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

\_\_\_\_\_

## Contact Information

Home Phone:

Work Phone:

Cell Phone:

Email:

In case of emergency, please notify :

Relationship to you:

Home phone:

Work phone:

Cell phone:

Volunteer Experience:

Do you have any previous library experience? If yes, please describe:

Level of Education:

High School    Vocational-Techo Undergraduate    Graduate Degree    Other

Please indicate any physical disabilities and accommodations that you may require while volunteering:

Confidentiality Agreement: I understand that it is the policy of the Kennebunk Free Library to protect the privacy of those who use the Library. I agree to hold all information about patrons, including personal information, requests for information and records of materials they may have borrowed in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Services Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if under 18 years of age (Parental signature is required)





Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)



**Please See Reverse**

Would you prefer  regular volunteer commitment?  short-term projects?  events?

What is your availability? Please indicate times/days that you prefer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**FOR COURT ORDERED and COMMUNITY SERVICE VOLUNTEERS**

Organization requiring community service:

Organization contact person:

Organization Phone Number:

Hours needed:

Deadline, if applicable:

**OFFICE USE ONLY:**

Date Contacted:

Placement:

Orientation date:

Start date:

Finish date:

Supervisor:

Comments: