



WEST TISBURY FREE PUBLIC LIBRARY
1042 STATE ROAD
WEST TISBURY MA 02575
508-693-3366
Wtlb2@comcast.net

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Library.
Please supply us with the following information:

Name _____ Date _____

Home phone _____ Cell phone _____

Email address _____

On-island address _____

Off-island address _____

- Which areas are you interested in: Special Events Book Sale Clerical
 Shelving books Sorting magazines Scrapbook Mending books
 Storytime Crafts Dusting shelves Computer
 Displays Book processing Website Book weeding
 Overdue search Outdoor gardens Art Wall Windemere

What skills, interests, abilities, hobbies would you like to share? _____

Have you any previous volunteer experience? Please describe. _____

Why do you want to volunteer? _____

(Please complete reverse side)

Following are Library hours. Please write in any morning, afternoon or evening time preferences you may have.

Monday 10 - 9 _____

Friday 10 - 5 _____

Tuesday 10 - 6 _____

Saturday 10 - 5 _____

Wednesday 10 - 6 _____

Sunday (mid Oct - mid May) _____

Thursday 10 - 6 _____

Please tell us for how long you would like to commit to a volunteer job.

6 months 9 months 1 year Ongoing Summer

Do you have any physical limitations restricting your activities? _____

In case of an emergency, whom would you like us to call?

(Name and phone number)

I hereby agree to maintain confidentiality regarding any personal or private information I may encounter as a volunteer at the Library. I also agree to the information contained herein to be submitted for clearance to CORI.

Signature _____

Once again, we appreciate your offer to volunteer at the West Tisbury Library, and we look forward to working with you!