

Adult Volunteer Application PERSONAL INFORMATION

Date	_
Name	
Address	
Phone	Email
Are you 18 years of age or	older? Y N Emergency contact:
Computer Skills (check tho	se that you know)InternetWordExcel
PowerPoint	_PublisherGoogle Workspace
Other (please list)	
	VOLUNTEER INFORMATION
Previous Volunteer Experie	nce:
Reason for Volunteering:	
	u can bring to your volunteer role:
Opportunity preference: Bo	ook sale Local History Program help-yth/teen Program help-adult
Senior program/outreach_	Workroom (See website for current volunteer needs)
Do you require any special	accommodations?
Write the times for each day	y you are available to work:
Monday	Thursday
Tuesday	Friday
Wednesday	Saturday

Confidentiality Agreement:

I understand that I will come in contact with confidential information that I am not to discuss with anyone

not directly involved with the Cl	helsea District Library. If this confidentiality is violated, I will be asked to
sever all ties to the volunteer pro	ogram.
Volunteer Signature:	Date:
Staff Signature:	Date:
	Photo Release:
I give Chelsea District Library p	permission to publish and use the photographs they have taken of me, named
below, for editorial, illustration,	advertising or trade purposes. I grant these rights to Chelsea District Library,
their photo agency and agents.	
Volunteer Signature:	Date:
	PLEASE NOTE:
You may be scheduled for an int	terview, depending on availability and library needs.
Assigned to:	Date accioned:

The Friends of the library grant honorary membership for registered library volunteers.

Thank you for being a Friend!