

Volunteer Application Form

Thank you for your interest in volunteering with Eastern Shore Public Library Foundation, Inc. Volunteers plays a vital role in our organization. The purpose of the Eastern Shore Public Library Foundation is to ensure the long-term financial stability of the Eastern Shore Public Library by securing private financial support and grants for capital needs and endowments.

Personal Details

Name: _____ Mr. Mrs. Ms. Other

Postal Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Your Skills and Interests

Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

Why do you want to volunteer now? What has motivated you to get in touch with us?

Do you have any particular skills or qualities that you could use in your voluntary work?

Volunteer Opportunities

Kindly check all volunteer areas of interest: (See Attachment with Committee Descriptions)

- Master Mailing List
- Chairman's Letters
- Publicity Committee (IT, Local and Social Media)
- Grants, Foundation, and Corporate Solicitation Committee
- Capital Campaign Committee

Updated: 01/29/2019

- Events Committee
- Volunteer Committee
- Fund Raising and Special Projects
- Administrative Activities
- Library Volunteer

Volunteer Timeline

When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long do you intend to volunteer for? _____

Are you able to lift 10 pounds or more? _____ Yes _____ No

How did you find out about volunteering with Foundation?

___ Local Media ___ Social Media ___ Community Event ___ Friend ___ Other: _____

WAIVER OF LIABILITY-The Foundation agrees to treat all volunteers with dignity and respect. The purpose of this document is to release The Foundation from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services.

Volunteer's Signature _____ Date: _____

CONFIDENTIALLY POLICY - The Foundation requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the committee to which they are assigned. **AGREEMENT:** I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service.

Volunteer's Signature _____ Date: _____

Mail this completed application to: Eastern Shore Public Library Foundation, P.O. Box 626, Parksley, VA 23421

For office use only: Volunteer Ref # _____ Date _____

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

Volunteer Start Date _____