

Volunteer Application

Lewiston Public Library • 200 Lisbon St • Lewiston ME 04240 • (207) 513-3004 • lplonline.org

➤ General Information

Name _____ **Date** _____

Address _____

Phone _____ **Email** _____

Reason for volunteering:

School Requirement Court-mandated Service Other _____

➤ Required number of hours? If so, how many? _____

If student:

Name of school/college: _____

Grade/Year: _____

Volunteer Interests

Organizing Books

Teaching/Tutoring

Assisting with Events

Summer Opportunities

Children's Department

Other: _____

Computers/Technology

What days are you available to volunteer?

Monday Thursday

Tuesday Friday

Wednesday Saturday

What time of day?

Morning

Afternoon

Evening

Number of hours/week?

2-hr min. for volunteers 18+

Comments, Questions?

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➤ Emergency Contact Information

Name _____

Daytime Phone _____ Evening Phone _____

➤ For Volunteers 18 and Older

If you are asked to volunteer, the City will require a background check and will require that you view a video on sexual harassment in the workplace.

Signature _____

Date _____

➤ For Volunteers 17 and Younger

To be signed by parent or guardian. _____ has my permission to volunteer at the Lewiston Public Library.

Signature _____

Relationship to applicant _____

Name (printed) _____

Date _____ Phone _____