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 ___________________________