

Germantown Community Library

Volunteer Questionnaire

Thank you for your interest in volunteering at the Germantown Community Library. Please complete this questionnaire and return it to the Circulation Desk. Our Volunteer Coordinator will schedule an appointment with you to see how we can best put your talents to use.

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

If under 18, please provide:

Name of parent or guardian: _____

Parent or guardian phone number or email address: _____

Do you have experience helping in a library: _____ Yes _____ No

If yes, please explain: _____

What tasks are you most comfortable doing?

____ **Shelf Reading; Shelf Straightening**
(Arranging items in alpha/numeric order)

____ **Pulling Needed Materials from Shelves**

____ **Assist with Library Events**
(Onsite and offsite) (Indoor and Outdoor)

____ **Assist with Special Projects**

____ **Perform Light Cleaning**

Why are you seeking a volunteer position?

____ **To Become a Regular Volunteer**
Number of hours per week: _____

____ **To Satisfy a Requirement**
Number of Hours Needed: _____
Deadline for Hours Needed: _____

Are there any months you are not available? _____

When would it be convenient for you to volunteer: (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (we open at 9:30)						
Afternoon						
Evening						