



Elizabeth Public Library Information and Adult Service Department Volunteer Form

Name: _____ Over 18? _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Email: _____
Emergency Contact Name/Number: _____

Please select the following subjects in which you have familiarity or interest:

- Computers and Technology
- Arts and Crafts
- Teaching
- Books and Collection Management
- Social Services
- Mentoring

Are you fluent in any of the following languages:

- English
- Arabic
- Spanish
- ASL
- Haitian Creole
- Other: _____

Do you have experience in any of the following:

- Past Library Experience
- Organizing Events
- Working with Senior Citizens
- Working with the Homeless

Do you have experience volunteering with any other groups? If so, which ones? _____

Do you have any other talents, skills, or interests that you feel would benefit the library? _____

Have you been convicted of a crime within the past seven years? If yes, please explain: _____

As a volunteer of our organization, I agree to abide by library policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for accident, injury, or health problems which may arise from volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature of Applicant: _____ Date: _____