

**VOLUNTEER APPLICATION**

Thank you for your interest in serving our community through volunteer work at the Somerville Public Library! We are dedicated to providing services, materials, and space that meet the educational, cultural, recreational, and informational needs of all people in the community and we are excited about having you join us on this mission.

Our Volunteer Program is for individuals who are 18 or older.

We appreciate your assistance and wish you a productive and enjoyable time here!

**Please complete and submit your Volunteer Application and our Volunteer Coordinator will get in touch with you if the library’s needs are a match with your interests.**

**Please note:** All Volunteers are required to complete and pass a criminal background check (CORI), as well as complete SomerServe Volunteer paperwork prior to performing any volunteer work.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you 18 or older?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Person we may contact in an emergency:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge the COVID-19 Vaccination is Required.** Yes \_\_\_\_\_

*To better protect the health and safety of staff and the public, all City of Somerville employees and volunteers must be fully vaccinated against COVID-19 as of November 1, 2021. Exemptions and/or reasonable accommodations are not guaranteed and will be reviewed by the City of Somerville Human Resources Department on a case-by-case basis. Learn more at* [*somervillema.gov/HR/COVID19*](https://www.somervillema.gov/departments/human-resources/covid19)*.*

**I would like to volunteer at the following branch/branches (Check all that apply):**

**\_\_\_\_** East Branch \_\_\_\_ Central Library \_\_\_\_ West Branch

(115 Broadway) (79 Highland Avenue) (40 College Avenue)

**In which Library Department would you be interested in volunteering? (Check all that apply)**

\_\_\_\_ Children’s \_\_\_\_ Circulation \_\_\_\_ Teen Room \_\_\_\_ Reference \_\_\_\_ Cataloging \_\_\_\_ Technology

**Would you be interested in volunteering at special library events? (Book Sales, Crafting Events, etc.)** Yes\_\_\_\_\_ No \_\_\_\_\_

**Why do you wish to volunteer at the Somerville Public Library?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have anything else you would like to add? (Certifications, Languages, Interests, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days and times that you are available to volunteer:**

**Days Times**

**Monday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tuesday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wednesday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thursday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Friday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Saturday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sunday’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree to donate approximately 2-3 hours per week for a minimum of 3 months:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) *Revised 6/16/22, BP*