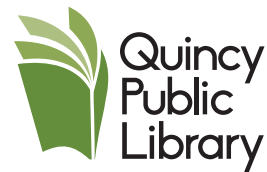


Quincy Public Library Volunteer Application and Agreement



Quincy Public Library welcomes your interest in your library and your community. QPL offers various volunteer opportunities on a regular or "on call" basis. Please complete and return the application to tell us about yourself and your interests, talents, and time available. Please refer to the task descriptions at quincylibrary.org/volunteers for more information on opportunities to volunteer at the library.

Name _____ Date _____

Address _____

Telephone _____

Email address _____

Current status: Student___ Retired___ Working full-time___ Part-time___ Unemployed___

Volunteer Choice: Daily___ Weekly___ Monthly___ Summer___ Winter___ School Year___

Available Hours: Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____ Saturday_____

Interests and Skills:

Adopt-a-Shelf___ Advocacy___ Book Sales___ Book Store___ Children's Programs___
Cleaning___ Computer Projects___ Computer and Device Tutoring___ Crafts___
Deletions___ Delivery to Homebound___ Gardening___ Genealogy and Research___
Pulling Holds___ Shelving___ Special Events___ Tutoring___

I agree to permit a background check if I will be working alone with patrons, or in non-public areas.____

I will be on time and fulfill any scheduled commitments or on-call events to which I agree.____

I will accept the responsibilities associated with tasks to which I agree.____

I will conduct myself with integrity and be a positive representative of the Library.____

I hereby consent to the reproduction, publication and use of photographs and/or video taken of me by the Quincy Public Library staff for educational, and/or publicity purposes for any and all publications, advertising or publicity media, without limitation or reservation and without claims for compensation or for damages arising out of the use of said materials.____

I release the Quincy Public Library from liability from any accidental injury which may occur while I perform any volunteer activities for the Quincy Public Library. I agree to allow Quincy Public Library staff to seek treatment in my best interest during an emergency and I agree to incur all costs associated with treatment.____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of this application, participation in an interview process, completion of a background check if appropriate, and the needs of Quincy Public Library. If any offer of volunteer service is accepted, I will not be entitled to compensation for any services I provide. ____

Signature _____ Date _____

Parental Permission for volunteer under 18:

I _____ parent/legal guardian, grant permission
for _____ to volunteer at Quincy Public Library.

Signature _____ Date _____