



FRIENDS
OF THE MEDFORD LIBRARY

VOLUNTEER APPLICATION

Description of Volunteer Activities:

Volunteering activities may include (but are not limited to) completing cash and credit card sales transactions for books and merchandise, assisting customers, “opening” and “closing” the Book Shop, moving carts of books, category management, event coordination, donation sorting, publicity and advertising, on-line book sales and shelving books.

Are you aware of anything that would prohibit you from being able to do the jobs described?

No [] Yes [] If yes, please describe:

Thank you for your interest in Volunteering and completing this application form. It is the policy of The Friends of the Medford Library to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

YOUR CONTACT INFORMATION

Name	
Address	
City/Zip Code	
Cell Phone	
Home Phone	
Work Phone	
Email Address	

Special Skills or Qualifications

Please let us know what special skills or qualifications you have acquired from previous employment, volunteer activities, areas of interest, etc.



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References – Please provide us with at least two references that we can contact.					
Name:					
Phone:					
Relationship:					
Person(s) to notify in the event of an Emergency.					
Name:					
Phone #1:					
Phone #2:					
Relationship					
<p>Agreement and Signature</p> <p>By submitting this application, I affirm that the facts set forth in this application are true and complete. I understand that if I am accepted as a Volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 25px;">Name (print)</td> </tr> <tr> <td style="height: 25px;">Signature</td> </tr> <tr> <td style="height: 25px;">Date</td> </tr> </table>			Name (print)	Signature	Date
Name (print)					
Signature					
Date					

FOR FOML VOLUNTEER COORDINATORS ONLY

FOML Volunteer Application Received <input type="checkbox"/>	Date:
FOML Info Sheet Provided <input type="checkbox"/>	Date:
Interview Date:	Conducted by:
*Shop Training Session - Date:	Conducted by:
*Category Training Session - Date:	Conducted by:
*Key Card Provided – Date:	
*Name Tag Provided – Date:	
Parking Tag Provided – Date:	
Volunteer Roster Updated: <input type="checkbox"/>	
*Name added to list of Key Card holders <input type="checkbox"/>	

*As applicable for Volunteer’s role and responsibilities.