VOLUNTEER APPLICATION

Volunteer opportunities at the Rockport Public Library are available for everyone from teens to seniors. We need your assistance in all areas: Children’s, Local History, Technical Services, and Adult Departments.

For anyone interested in spending some quality time at the library, please fill out this form and return it to the library.

NAME:
First: ____________________________________________
Last: ____________________________________________

ADDRESS:
Street Address: __________________________________
Address Line 2: __________________________________
City: ____________________________________________
State: __________________________ Zip Code: __________
Phone: __________________________ Email: __________

Are you under the age of 18?    Yes: O    No: O

How many hours per week would you like to volunteer: ______________________

When would you be available to volunteer? (Please select all that apply)
Weekday during the day? _____ Weekday evenings? _____ Weekends? _____

Why are you interested in volunteering at the Rockport Public Library?
____________________________________________________________________
Experience or skills?


Concerns?


REFERENCES:

Reference #1:

First:

Last:

Phone: Email:

Reference #2:

First:

Last:

Phone: Email:

Reference #3:

First:

Last:

Phone: Email:

Background Check Acknowledgement:

☐ I understand that all volunteer applicants are subject to a background check

NOTE: All volunteers are subject to background check. A completed CORI Form, SORI Form, and a copy of a government-issued photo ID are required before you can start. Please contact Library Director, Cindy Grove at 978-546-6934 or cgrove@rockportlibrary.org for details. Thank you for your interest in volunteering at the Rockport Public Library.