



NESMITH LIBRARY VOLUNTEER APPLICATION

Name _____ Date _____

Address _____, Windham, NH 03087

Home Phone _____ Cell Phone _____

Email _____ Birth Date _____

References:

Name _____ Phone _____

Name _____ Phone _____

Availability: (Circle one or more)

Saturday	(Circle one or more)	Morning	Afternoon	
Monday	(Circle one or more)	Morning	Afternoon	Evening
Tuesday	(Circle one or more)	Morning	Afternoon	Evening
Wednesday	(Circle one or more)	Morning	Afternoon	Evening
Thursday	(Circle one or more)	Morning	Afternoon	Evening
Friday	(Circle one or more)	Morning	Afternoon	

All volunteers will work under the supervision of the paid staff and the Volunteer Coordinator under the authority of the Library Director. The volunteer Coordinator will serve as liaison between the volunteers and staff.

Thank you for applying for a volunteer position at the Nesmith Library. **All applicants 17 and over** must complete both the Application and the Criminal Record Release Authorization Form. The bottom half of the Criminal Record Release Authorization *requires your signature in front of a Notary*. You can do this at Town Hall (free), or any Notary. You **do not pay the fee** (for the background check) this is paid by the Town of Windham.

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**IN HOUSE USE ONLY:**

Proof of Residency: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Background Check: Signed by Applicant & Notarized Date \_\_\_\_\_

Reduced Fee Request Attached

Fingerprints/Application Submitted to State Date \_\_\_\_\_ Time \_\_\_\_\_  
Approved Date \_\_\_\_\_

Volunteer Prep: \*\*\* Name Tag \*\*\* Time Sheet \*\*\* Birthday/Contact Sheet

Training: Called to set Training Date Date \_\_\_\_\_  
Training Date \_\_\_\_\_ Time \_\_\_\_\_

Volunteer Policy signed and attached

Scheduled Date/Time \_\_\_\_\_ Collection(s) \_\_\_\_\_