



East Greenwich Free Library

Knowledge is Priceless

EAST GREENWICH FREE LIBRARY VOLUNTEER APPLICATION

Your full name _____

Date of birth (if you are under 18)* _____
(If you are 18 or older, a BCI check is required)

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Email: _____

Check one:

Ongoing Volunteer (long term): _____

Hours per week: _____ Days available: _____

Community Service (short term): _____

Number of hours you are seeking: _____

By what date must you complete the hours? _____

What days of the week are you available? _____

Statement of Responsibility: I certify that the answers on this application are true and complete to the best of my knowledge. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide, and I will not claim any liability on the part of the Town of East Greenwich or the East Greenwich Free Library for any activities or duties I perform as a volunteer.

Signature: _____ Date: _____

If you are under 16 years of age, please have your parent or guardian sign below:

I, (print name of guardian) _____, grant permission to (print name of volunteer) _____ to volunteer at The East Greenwich Free Library.

Signature of parent/legal guardian: _____ Date: _____