Volunteer Opportunities

(Circle the jobs with which you would be willing to help)

Youth Services

- Assist with arts and crafts projects
- Assist with children’s and teen programs
- Assist with summer reading program

General Duties

- Dust shelves
- Clean books, DVDs, CDs, etc.
- Cut scrap paper
- Maintain scrap paper baskets
- Shred papers
- Make copies

Circulation Department

- Shelve and straighten books and other media
- “Read” shelves for correct order

Other (upon approval):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Washington Public Library
Volunteer Application

Thank you for being willing to volunteer at the library.
Please, fill in this form and return to one of the Circulation Desks or FAX to 636-239-1744.

Name ____________________________________________________________

Street Address __________________________________________________

City/State ___________________________ Zip code ________________

Phone __________________________________________________________

Email address ___________________________________________________

Days/times when available to volunteer:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

“By volunteering at the library, I agree to commit to a regular schedule (or call when you can’t make it in) and to abide by all library policies and procedures.”

Signature of volunteer ___________________________ Date ______________

Please, circle on the back side the volunteer opportunities in which you are interested.
Washington Public Library
Pledge of Confidentiality

This is to certify that I, ____________________________, a student or volunteer of the Washington Public Library, understand that any information (written, verbal, or other form) obtained during the performance of my duties must remain confidential. This includes all information, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

________________________________________
Signature of Student/Volunteer

________________________________________
Signature of Director

______________________________
Date

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