

# Ventress Memorial Library Volunteer Application

## Volunteer Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## Availability

During which hours are you available for volunteer assignments? (Note: There is a minimum requirement of 2-hours per volunteer shift.)

\_\_\_\_\_ Monday Time: \_\_\_\_\_

\_\_\_\_\_ Tuesday Time: \_\_\_\_\_

\_\_\_\_\_ Wednesday Time: \_\_\_\_\_

\_\_\_\_\_ Thursday Time: \_\_\_\_\_

\_\_\_\_\_ Friday Time: \_\_\_\_\_

\_\_\_\_\_ Saturday Time: \_\_\_\_\_

Since the library relies on volunteers, once a schedule is agreed upon, volunteers are expected to notify the library if they are unable to work their scheduled shift.

### Commitment of Hours

\_\_\_ I would like to volunteer on an ongoing basis at \_\_\_ hours per week.

\_\_\_ I would like to volunteer until \_\_\_\_\_ (date) at \_\_\_ hours per week.

\_\_\_ I would like to volunteer for \_\_\_ hours to fulfill the Senior Property Tax Program requirement.

\_\_\_ I would just like to volunteer occasionally when extra help is needed.

### Sample Volunteer Tasks

Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time.

\_\_\_ Cleaning -- Dusting book stacks

\_\_\_ Shelving -- Putting books and other collections away on the shelves

\_\_\_ Shelf-reading -- Putting books in order, alphabetizing. Straightening the shelves

\_\_\_ Sorting -- Sorting donations for the Friends of the Library book sales

\_\_\_ Craft preparation -- Preparing paper crafts for children

\_\_\_ Family Friends events -- Assisting at fundraising events

\_\_\_ Outside work -- Weeding, raking, landscaping

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Other Information

Is there any other information you would like us to know about you?

**About CORI**

Prior to beginning as a volunteer, all applicants over the age of 18, are required to undergo a Criminal Offender Records Information (CORI) check as a final step in the volunteer screening process. In order to complete this process, please bring a driver's license or a passport to the library where you will be provided with a copy of the CORI Policy and a CORI form to fill out.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read and understand the terms of the library's Volunteer Policy.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**When Do I Start?**

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Ventress Memorial Library.

Please complete and return this application to:

Cyndee Marcoux, Ventress Memorial Library 15 Library Plaza Marshfield, MA 02050

[cmarcoux@ocln.org](mailto:cmarcoux@ocln.org)



Rocco J. Longo  
Town Administrator

## Town of Marshfield

Board of Selectmen  
870 Main Street  
Marshfield, Massachusetts 02050  
Tel: 781-834-5563 Fax: 781-834-5527

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

The Town of Marshfield is registered under the provisions of M.G.L. c.68172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Marshfield to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Marshfield with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Town of Marshfield may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Marshfield must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SUBJECT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth Place of Birth

\_\_\_\_\_  
Last Six Digits of Your Social Security Number (Requested, not required): \_\_\_\_\_

\_\_\_\_\_  
Sex: Height: ft. in. Eye Color: Race:

\_\_\_\_\_  
Driver's License or ID Number: State of Issue:

\_\_\_\_\_  
Mother's Full Maiden Name Father's Full Name

\_\_\_\_\_  
Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
VERIFIED BY: Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee