



31 Mount St. Mary's Way
Hooksett, NH 03106
www.hooksettlibrary.org

Youth Volunteer Application Form

Last Name	_____	First Name	_____
Street	_____	City/State	_____
Phone	_____	Email	_____

The Hooksett Public Library uses volunteers to supplement and complement, but not to replace, the efforts of paid library staff in meeting demands for quality public service. Library volunteers may help extend and enhance the work of paid staff but will not be utilized to displace any paid employees from their positions. Volunteers will not be placed in positions that could jeopardize the library's ability to operate if a volunteer failed to report to work. The staff of the Hooksett Public Library aims to give volunteers meaningful responsibilities, appropriate orientation and training, effective supervision and recognition.

Current volunteer job tasks. Please designate tasks you are interested in:

- Assisting with crafts and games at special events for children
- Craft preparation
- Shelf reading
- Clean & dust shelves

Previous volunteer or work experience:

Why do you want to volunteer at the HPL?

Other skills or interests you'd like to share:

Please list two employers, supervisors, teachers or non-relatives we may contact for a reference:

Name _____
Email _____
Phone _____

Name _____
Email _____
Phone _____

Time commitment you are interested in:

___ 3 Months ___ 6 Months ___ 9 Months (one school year)
___ One Year ___ Ongoing ___ Summer (May through August)

Library hours are Monday -Wednesday 9:00 a.m.– 8:00 p.m., Thursday 11:00 a.m.-8:00 p.m.,
Friday & Saturday 9:00 a.m. – 5:00 p.m.

Please indicate the days and times that you are available:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

With your signature below, you are acknowledging and/or agreeing to the following terms:

- I understand that I must have a Youth Employment Certificate on file with the library prior to starting my volunteer position.
- I agree to provide proof of age (photocopy of birth certificate, passport or driver’s license if 16 or 17) that shows I am 14 years or older. I understand that I am required to provide this if I am below the age of nineteen. (Under the age of nineteen as designated by the [NH DOL](#)).
- I am aware that volunteers only supplement duties of paid employees in established positions thus, all work is assigned by the Volunteer Coordinator or immediate

supervisor.

- I acknowledge that I have read and understood the Hooksett Public Library Volunteer Policy.
- By my signature below I verify that I understand the rights, responsibilities and privileges in the volunteer program and agree to hold harmless, release and indemnify the Hooksett Public Library, its officials and employees from liability for property damage and/or personal injury resulting in my participation in this program.
- I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The HPL is expressly authorized to investigate all statements contained in this application.
- In the event that I am selected to become a volunteer for the Hooksett Public Library, I agree to comply with all of its policies. I fully understand and agree to provide my services to the Hooksett Public Library as a volunteer in a voluntary capacity, and that I will receive no compensation or benefits for the services provided.

Signature:

Date:
