Gunn Memorial Library
Volunteer Questionnaire

To utilize your time and skills effectively, please take a few minutes to fill out this questionnaire and return it to the Circulation Desk.

Name: _______________________________ Phone # _____________________

Address: _______________________________ Email: _______________________

Indicate what days you would be able to work:

   _____ Mon.  _____ Tues.  _____ Thurs.  _____ Fri.  _____ Sat.

Indicate what hours you would be able to work:

   _____ 10-12  _____ 12-2  _____ 2-4  _____ 4-6  _____ 6-8
   _____ Other (specify hours)_______________________________

How often would you like to work:

   _____ Daily  _____ Weekly  _____ Bi-weekly  _____ Special events/jobs (i.e. one time projects)

Are you comfortable working with computers?

   _____ Yes  _____ No

Please check areas of interest:

General Library (Main & Junior)  Junior Library

   _____ Circulation Desk duties
        (check-in, check-out items)
   _____ Interacting with the public
   _____ Shelving books
   _____ Reading shelves
   _____ Processing books
   _____ Book repair
   _____ Answering phones/making calls
   _____ Computer tutoring/assistance
   _____ Internet searches
   _____ Research
   _____ Cleaning (dusting, vacuuming, etc.)
   _____ Grounds work (weeding, mulching)
   _____ Odd jobs, maintenance, carpentry
   _____ Program preparation
   _____ Reading to children
   _____ Crafts with children
   _____ Holiday Sale
   _____ Book discussions

Programs

   _____ Special events; organizing, assisting
   _____ Hospitality
   _____ Photographs/ videotaping programs
   _____ Stairwell Gallery

Y ----- Staff Folders ----- Martie ----- Volunteer Questionnaire