

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)

- ___ 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

Junior Library

- ___ Program preparation
- ___ Reading to children
- ___ Crafts with children
- ___ Holiday Sale
- ___ Book discussions

Programs

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