



Bibliothèque Anglophone d'Angers
60 rue Boisnet
49100 Angers - France

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Volunteer application form

Personal information

Full name _____
Address _____
Email _____
Phone _____ Nationality _____
Membership # _____

Information

Have you ever volunteered before? If so, where? _____

How did you hear about our volunteer program? _____

Are you currently employed? _____ Area of study: _____

Please note the skills, abilities or interests below that are applicable to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Previous library work | <input type="checkbox"/> Activities for children | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Accounting | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Experience teaching foreign languages | <input type="checkbox"/> TOEIC training or exam administration | <input type="checkbox"/> Representing the library at different fairs |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Reviewing CVs and covering letters | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Arts and crafts | | |

Do you speak/write in French? _____

Do you speak/write in English? _____

What do you think your weakness is? _____

Is there something you don't want to do? _____

Schedule

When are you available to volunteer at the library?

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
End of day					

Confidentiality

I understand that in my capacity as an English Language Library's volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities and not to divulge it during or after my service as a volunteer has ended.

Name

Signature

Date