

LEOMINSTER PUBLIC LIBRARY VOLUNTEER APPLICATION FORM FOR ADULTS OR TEENS

Please note that at this time we are not accepting applicants for court ordered community service.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Tell us a bit about more about yourself. Use the back of the application if you need more space.

Why are you interested in volunteering at the library? \_\_\_\_\_

What skills would you bring to this volunteer position? \_\_\_\_\_

Do you have any previous work/volunteer experience? \_\_\_\_\_

Circle educational level completed: 9 10 11 12 College Graduate School

What are you interested in volunteering for?

\_\_\_\_\_ Shelving returned library materials in the Adult Department or Cormier Center for Teens.  
(We ask our shelving volunteers to commit to a minimum of 12 months or one academic year.)

\_\_\_\_\_ Helping our *Friends of the Library* group with *Thursday Evening* or *First Saturday Book Sales*.

\_\_\_\_\_ Helping our *Friends of the Library* group with sorting books donated for book sales.

\_\_\_\_\_ Helping our *Friends of the Library* group with mailings, fundraising or other activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU for your interest in volunteering at the Leominster Public Library!

We will keep your application on file and contact you if a volunteer opportunity arises.

Return completed form to: Assistant Director, Leominster Public Library, 30 West Street, Leominster, MA 01453