



Pearle L. Crawford
Memorial Library

40 Schofield Avenue
Dudley, MA 01571
Telephone: 508-949-8021
Fax: 508-949-8026
Web-site: www.crawfordlibrary.org

VOLUNTEER APPLICATION

(Must be 12 years of age or older to volunteer)

The Pearle L. Crawford Memorial Library always needs volunteers and we appreciate your offer to help us. Please fill out all sections of this form and return it to the Library Director. *Thank you!*

Name _____ Date _____

Address _____

Home telephone _____ Cell _____ Email _____

Date of Birth _____

Experience / Skills / Training (that you believe would be helpful as a Library volunteer.)

Please list 2 non-family references:

1. Name _____ Telephone _____

2. Name _____ Telephone _____

Emergency contact (with telephone) _____

Day(s) and time(s) you are available (please check off day and circle time that works best for you):

Monday: Morning / Afternoon / Evening

Wednesday: Morning / Afternoon

Tuesday: Morning / Afternoon

Thursday: Morning / Afternoon / Evening

Friday: Morning / Afternoon

Saturday: Morning / Early Afternoon

Why do you want to volunteer at the library?

Applicant Signature _____ **Date:** _____

Parent or Responsible Adult's Signature (if applicant is under 18) _____

Phone Number (Home / Cell) _____

As a condition of volunteering, you must submit to a CORI check if you are **over the age of 18**. Please fill out the attached CORI application and bring it to the Selectmen's office on the 3rd floor of Town Hall along with a valid ID. Upon receipt of CORI approval, we will contact you to schedule you for an orientation and volunteer day(s) / time(s).

FOR LIBRARY USE ONLY

Volunteer Application Received (Date): _____ By (Staff initials): _____ CORI Approval Received: _____