



Weekly

Bi-weekly

Northborough Free Library Volunteer Application Form

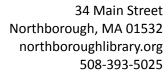
Thank you for your interest in volunteering at the Northborough Free Library. Please complete this form

and return it to the library. You may bring a printed version to the Reference Desk on the 2nd floor or email a digital copy to the Reference department at noboadults@cwmars.org. Applicants in grades 8-12 must complete the application themselves, except for the last section, which must be completed by a parent or guardian. ____ Date: ___/____ DOB: ___/____ Name: ___ **Contact Information** Address Email Phone **Emergency Contact** Name & Relationship **Email** Phone **Availability** Friday Monday Tuesday Wednesday Thursday Saturday Morning Afternoon Evening Closed Closed Closed (after 5pm) How often do you want to volunteer? Please circle any that apply: Fall Winter Spring Summer Year Round (Sept.-Nov.) (Dec.-Feb.) (March-May) (June-Aug)

Monthly

Special Events

Other:





Area of interest for volunteering? Please circle any that apply:

Children's Room	Teen Room	Adult/ Reference Area	Library Courier	Book Sales	Library Events
If you are over 18	years old:				
			Criminal Offense Re and approved befo	•	,
Name:					
Signature:					
If you are under 1	.8 years old:				
Applicants under sign.	the age of 18 mus	t have their pare	nt or guardian fill o	ut the informati	on below and
Applicant's Name	:				
Parent/Guardian's	Name:				
Parent/Guardian's	Phone & Email: _				
Parent/Guardian's	Signature:				
Staff Use Only (Y/	N & initial):				
Children	Teen	Adult	Friends		
Contacted by:				Date:	//