

Northborough Free Library Volunteer Application

Thank you for your interest in volunteering at the Northborough Free Library. Please fill out all information, and a staff member will contact you. Name: ______ Dob: __/_____ **Contact Information** Address Phone **Email Emergency Contact** Name/Relation Phone 1 Phone 2 Availability Monday Tuesday Wednesday Thursday Friday Saturday Morning closed Afternoon **Evening** closed closed closed How often would you like to volunteer? (circle) Weekly/Biweekly Monthly Other: Year round Summers Only Only for special events/projects Area of Interest at the library: (circle) Children's Room Teen Room **Adult Services** Library Programs

Cleaning/Landscaping

Other: _____

Book Sales

Fundraising Events



Tell us a little about yourself:

Why would you like	to volunteer at the N	orthborough Free Lib	rary?	
Special interests, hob	bies, or skills:			
Previous volunteer/v	work experience:			
	1			
-4				
If you are over 18 yea				
All prospective volun as required by state la		submit to a Criminal	Offense Records Inv	estigation (C.O.R.I.) checl
Name:				
Signature:				
If you are under 18 y	ears old:			
Applicants under the their name and contact		heir parent or guardia	n sign this applicati	on as well as provide
Applicant's Name:				
Parent/Guardian Nan	ne:			
Parent/Guardian Pho	ne /Email:			
Parent/Guardian Sign	ature:			
Staff Use Onl	y: (initial)			
Children's	Teen	Adult	Friends	Coordinator

Date Contacted: