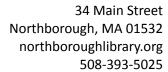




## **Northborough Free Library Volunteer Application Form**

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 2<sup>nd</sup> 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) Weekly Bi-weekly 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	_	
Name:					
Signature:					
If you are under 1	.8 years old:				
Applicants under sign.	the age of 18 mus	t have their pare	ent or guardian fill o	ut the informati	ion below and
Applicant's Name	:				
Parent/Guardian's	s Name:				
Parent/Guardian's	s Phone & Email: _				
Parent/Guardian's	Signature:				
Staff Use Only (Y/	'N & initial):				
Children	Teen	Adult	Friends		
Contacted by:				Date:	<i>JJ</i>