

VOLUNTEER APPLICATION FORM

Boxford Town Library

7A Spofford Road

Boxford MA 01921

All volunteers must be at least 14 years of age.

Date: _____

Please Print

Name: _____

Address: _____

Email: _____

Phone Number(s) Home: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Education (highest level completed): _____

Previous Volunteer Experience: _____

Why do you want to volunteer at the library? _____

If you must fulfill a community service requirement, how many hours do you need? _____

Please describe your skills and special interests: _____

Availability (please check)	MON	TUES	WEDS	THURS	FRI	SAT
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please list a reference we can call (not a family member):

_____ Phone: _____

Signature of Applicant: _____

If you are under 18 years old, please discuss volunteering at the library with your parents or legal guardians.

Policy voted and adopted on: 12/15/93

Policy last reviewed and amended on: 2/8/07

Draft March 2018