

East Bridgewater Public Library

32 Union Street

East Bridgewater, Massachusetts 02333

Tel 508-378-1616 Fax 508-378-1617

Volunteer Application

(Please email your finished application to our Young Adult Librarian, Angie Costello, at <u>acostello@sailsinc.org</u> or turn a hard copy in at the library)

Name:		Date:	
Email:		Phone:	
Why do you wish to volunte	eer at the East Bridgewate	r Public Library?	
	erience? Yes*:s the nature of your experie		
☐ Shelf-readi ☐ "Musical gu ☐ Organizing	uest" at storytime book sale items	☐ Assist☐ Crafts	hat apply) ing at programs and craft prep Advisory Board
Days and times that are	· ·	A £4 a a a a a	Francisco
Day of the Week		Afternoons	Evenings
Monday Tuesday			
Wednesday			
Thursday Friday			
Saturday			
•	able during certain parts of	the year, please specify:	
How often would you li Person to contact in an	ike to volunteer at the libra emergency:	ary?	
Name:	Relationship:	P	hone:
Signature of volunteer:			
Signature:		Date:	
Parent or guardian sign	nature, if under 18 years of	age:	
Signature:		Date:	
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