



EAST BRIDGEWATER PUBLIC LIBRARY

32 Union Street

East Bridgewater, Massachusetts 02333

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

Christopher B. McGee, *Director of Library Services*

Volunteer Application

Name: _____ Date: _____

Email: _____ Phone: _____

Why do you wish to volunteer at the East Bridgewater Public Library?

Do you have volunteer experience? Yes*: _____ No: _____

If yes, please tell us the nature of your experience.

What type of volunteer work might you be interested in/skilled at? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Shelf-reading | <input type="checkbox"/> Assisting at programs |
| <input type="checkbox"/> "Musical guest" at storytime | <input type="checkbox"/> Crafts and craft prep |
| <input type="checkbox"/> Organizing book sale items | <input type="checkbox"/> Teen Advisory Board |

Days and times that are best for you:

Day of the Week	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

*If you are only available during certain parts of the year, please specify:

How often would you like to volunteer at the library? _____

Person to contact in an emergency:

Name: _____ Relationship: _____ Phone: _____

Signature of volunteer:

Signature: _____ Date: _____

Parent or guardian signature, if under 18 years of age:

Signature: _____ Date: _____