

Volunteer Application

Gale Free Library, 23 Highland Street, Holden, Ma. 01520

Name _____ Date _____

Address _____

Phone (home) _____ Phone (work) _____

In case of emergency, please notify: Name _____ Phone _____

Most recent work or volunteer experience _____

Do you have experience with Typing _____ Computers _____ Art _____

Since volunteering usually requires pushing book trucks and shelving books at all heights, or working at a computer screen, please mention any physical limitations. (Providing this information is voluntary.) _____

Please fill in the chart with the times that you could be available to volunteer:

	Morning	Afternoon	Evening
Monday			XXXXXXXXXXXXXXXXXXXX
Tuesday			
Wednesday			XXXXXXXXXXXXXXXXXXXX
Thursday			
Friday			XXXXXXXXXXXXXXXXXXXX
Saturday			XXXXXXXXXXXXXXXXXXXX

How many hours a week would you like to volunteer? _____

If you would like to volunteer just for a specific time period, when would that be?

Please provide the name, address, and telephone number for two references:

The minimum age for a volunteer is 14. If the applicant is under 18, please complete the following:

School attending _____ Current grade: _____

Print name of Parent or Guardian & phone _____

Your signature and date _____

Please add any additional comments to the other side of this application.