



## Volunteer Application

Thank you for your interest in volunteering at the library! Please fill out this form and return it to the main desk, or e-mail it to [ask@topsfieldlibrary.org](mailto:ask@topsfieldlibrary.org).

Volunteer jobs may include the following:

- Shelving books, movies, CDs, and audiobooks
- Sorting our daily book delivery
- Organizing shelves, making sure books are in alphabetical or numerical order
- Craft preparation
- Assisting with special projects

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name and Telephone:

\_\_\_\_\_

Please let us know when you are available. :

Monday (10-4) \_\_\_\_\_

Thursday (10-4) \_\_\_\_\_

Tuesday (10-4) \_\_\_\_\_

Friday (10-12) \_\_\_\_\_

Wednesday (10-4) \_\_\_\_\_

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Please fill out below if you are under 18:

Age of Volunteer: \_\_\_\_\_

Parent name (please print): \_\_\_\_\_

Parent signature: \_\_\_\_\_