

VOLUNTEER APPLICATION  
Topsfield Town Library  
One South Common Street, Topsfield, MA 01983  
978-887-1528

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Thank-you for your interest in volunteering at the Topsfield Town Library. Please complete the form and return it to the Library.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Contact Name and Telephone \_\_\_\_\_

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Please let us know what days and hours you are available. We have indicated the library's open hours for each day:

Monday (10-8) \_\_\_\_\_

Thursday (10-8) \_\_\_\_\_

Tuesday (10-5) \_\_\_\_\_

Friday (12-5) \_\_\_\_\_

Wednesday (12-5) \_\_\_\_\_

Some possible areas where volunteers are needed in the library *may* include but are not limited to:

- |   |  |
|---|--|
| 1. Shelving library material                          | 5. Assisting with special projects, including projects with the Friends of Topsfield Library |
| 2. Sorting our daily book delivery                    | 6. Craft preparation and assistance  |
| 3. Changing status of new items to regular collection | 7. Help with Children's programs   |
| 4. Shelf reading and organizing library material      | 8. Weeding and general outdoor maintenance   |

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If you are under 18, a parental signature is required.

Print Name of Parent \_\_\_\_\_

Signature and Date \_\_\_\_\_

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

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Library Approval \_\_\_\_\_