

LEOMINSTER PUBLIC LIBRARY ADULT VOLUNTEER APPLICATION

THANK YOU for your interest in volunteering at the Leominster Public Library!

We will keep your application on file and contact you if a volunteer opportunity arises.

Please note we are not accepting applicants for court-ordered community service at this time.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Please tell us a bit about yourself, such as why you are interested in volunteering at the library and what skills you would bring to this position. Use the back of the application if you need more space.

Please note all the activities you are interested in, or suggest one:

Info Desk	Technology	Local History & Genealogy	Circulation	Tech Services	Friends
Document Translation	One on one device assistance	Organizing files	Shelving returned items	Covering & stamping new materials	Sort & process donations
Program Support <i>(Prep, set up, clean up)</i>		Transcription	Pulling items for requests	Processing withdrawn materials	Work book sales
Special Projects as needed		Special Projects as needed	Alphabetizing shelves		Marketing/Publicity

Other (please specify): _____

Signature: _____ Date: _____

Return completed form to:
C/O: Assistant Director, Leominster Public Library, 30 West Street, Leominster, MA 01453