Seekonk Public Library

Volunteer Application Form

Date:Na	ame:
Address:	
City/Town, State, Zip:	
Telephone:	E-Mail Address
What is the best time	to call you?
Have you ever volunt	eered or applied to volunteer for the Library before?
Are you being referre	d by a Library Volunteer or Government Agency?
Is this a Community	Service Requirement?
If Yes, please provide	
Agency/Organization	Name:
Person to contact:	Telephone #:
Are you a Teen Volun	teer (ages 12 - 18)? Considering joining our <u>Teen Advisory Board</u> !
Do you have a friend	or family member who works or volunteers here:
· · ·	their Name & Telephone #: Telephone #:
Please describe any t	raining or experience, you may have, that is relevant to your volunteer interest.

We are required to run Criminal Background Checks

Seekonk Public Library

Volunteer Application Form (cont'd)

Due to the Pandemic, Volunteer Opportunies are currently being limited to the following:

> Fundraising Delivery to the Homebound Assisting with the New Library Project

However, we are very much interested in your ideas for supporting the Seekonk Public Library, please contact us at <u>Friends@seekonkpl.org</u>