



Lynnfield Public Library

Adult Library Volunteer Form

Please print clearly and complete each section.

Name _____ Date _____
Street _____
City _____ State _____ Zip Code _____
Phone (H) _____ Phone (Cell) _____
E-mail _____

Please list any skills or interests that would be applicable to volunteering:

How many hours do you wish to volunteer each month _____?

I will be available to volunteer beginning - Date: _____

Person to contact in the event of any emergency:

Name _____
Relationship _____
Address _____
Phone (H) _____ Phone (W) _____
E-mail _____

Please sign below when you have read and understood all statements.

I understand that the Lynnfield Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library/Friends of the Lynnfield Public Library.

I acknowledge that volunteer duties may require bending and light lifting.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

Thank you for your interest in volunteering.

Applicant's Signature: _____ Date: _____