

**Lynnfield Public Library
Community Service Application**

Thank you for your interest in volunteering at the Lynnfield Public Library. Please return the completed application to Pat Kelly, **Community Service Coordinator**. Or mail to Lynnfield Public Library, 18 Summer Street, Lynnfield, MA 01940.
Questions? Call Pat at 781-334-5411 or email at kelly@noblenet.org.

Name: _____

Address: _____

Telephone: _____ **Email :** _____

Work experience:

Are you volunteering in order to fulfill high school graduation or religious confirmation requirements? Yes _____ No _____

How many hours do you want to volunteer? _____

Name of School/Organization _____

Do you have previous volunteer experience? Yes _____ No _____

If yes, what type of setting have you worked in? (For example, public or school library, nursing home, food pantry, etc.)

Please check all the times that you will be able to volunteer:

Morning

Afternoon

Evening

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Situations that might restrict your activities:

Why do you wish to volunteer at the Lynnfield Public Library?

How did you hear about our volunteer program?

Applicant's Signature:

Date:
