



Stoneham Library
Where Community Begins

Volunteer Application

Name:

Address:

City, State Zip:

Home phone:

Cell/work phone:

Under 18 DOB: ----- **Current School:** -----

Days available:

Are you volunteering to fulfill a service requirement? –Yes–No.

If so describe and indicate requirements:

Interests:

Please indicate interest:

- Cleaning shelves
- Data entry
- Cleaning keyboards
- Program assistant
- Publicity
- Other- describe

Previous Volunteer experience:

Personal Reference:

Provide the name, address and telephone number of one reference.

Person to notify in case of emergency:

Name:

Address:

City, State Zip:

Home phone:

Cell/work phone:

Volunteer 18 years of age and over:

Signature: ----- **Date:** _____

Volunteers 12 through 17 years of age:

I verify that I am a parent or guardian of the volunteer and consent to his/her participation in the Stoneham Library volunteer program.

Parent signature: ----- **Date:** _____

Student signature: ----- **Date:** _____