



Volunteer Interest Form

THE LENOX LIBRARY  
*Your town library.*

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Please check the days & times when you can volunteer:  
M\_\_\_ T\_\_\_ W\_\_\_ T\_\_\_ F\_\_\_ S\_\_\_ Mornings\_\_\_ Afternoons\_\_\_ Evenings\_\_\_

Please check how frequently you can volunteer:  
\_\_\_ Daily \_\_\_ times/ week \_\_\_ times/ month \_\_\_ as needed

Please indicate areas you may be especially interested and/or experienced in working:

Circulation desk assistance:  
Checking in items\_\_\_  
Copying\_\_\_  
Foyer maintenance\_\_\_  
Magazine shelving\_\_\_  
Moving items\_\_\_  
Program set-up & assistance\_\_\_  
Shelf reading\_\_\_  
Shelving\_\_\_  
Weeding the collection\_\_\_ (I have a special area of expertise and would like to help the  
Collection Development Librarian with this task)

Youth Department:  
Shelf Reading and Straightening\_\_\_  
Moving shelves\_\_\_  
Dusting\_\_\_  
Washing toys\_\_\_  
Washing puppets using home machines\_\_\_  
Special Family Events (Summer Reading Program Kick-Off Sign-up, Summer Reading  
Program Raffle, Book Signings, etc.)\_\_\_

Administration  
Assist with mailings (fold, stuff and seal envelopes; zip code sorting; etc.)\_\_\_  
Photocopying\_\_\_

Development/Fundraising  
Assist with fundraising events (Please indicate your preferred time.)  
Morning\_\_\_ afternoon\_\_\_ evening\_\_\_  
Assistance with activities and events\_\_\_  
building tours\_\_\_  
mailings\_\_\_

Any other ways you might consider helping \_\_\_\_\_

Please tell us a little about yourself:

***PLEASE NOTE:*** PROSPECTIVE VOLUNTEERS MAY BE ASKED TO SUBMIT TO A CRIMINAL OFFENSE RECORDS INVESTIGATION (CORI) REPORT, AS REQUIRED BY LIBRARY POLICY.

Please return this form to the front desk or send it to:

Volunteer Coordinator  
Lenox Library Association  
18 Main Street Lenox, MA 01240