Volunteer Interest Form

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