



Volunteer Interest Form

PLEASE NOTE: To ensure a safe environment for our library patrons, all volunteers must undergo a criminal offense records investigation (CORI) check.

PERSONAL INFORMATION

Date:

Name:

Age (if under 18): Phone:

Email:

Address:

AVAILABILITY

Please check the days & times when you can volunteer and how frequently.

Preferred Days: Tuesday Wednesday Thursday Friday Saturday

Preferred Time: Morning Afternoon Evening

Frequency: Daily ___ times/week ___ times/month As needed

Available From:

AREA OF INTEREST

Which area(s) would you like to volunteer in?

Main Library:

- | | | |
|---|--|--|
| <input type="checkbox"/> Checking in items | <input type="checkbox"/> Pull List | <input type="checkbox"/> Copying |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Shelf reading & straightening | <input type="checkbox"/> Local History |
| <input type="checkbox"/> Weeding the collection | <input type="checkbox"/> Program set-up & assistance | <input type="checkbox"/> Dusting |

Youth Department:

- | | |
|--|--|
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Shelf reading & straightening |
| <input type="checkbox"/> Crafting assistance | <input type="checkbox"/> Program set-up & assistance |
| <input type="checkbox"/> Washing toys | <input type="checkbox"/> Dusting |

Any other ways you might consider helping:

SKILLS & EXPERIENCE

Please tell us a little about yourself:

EMERGENCY CONTACT

Name:

Relationship:

Phone:

Please return this form to the library or mail it to:

Volunteer Coordinator
Lenox Library
18 Main Street
Lenox, MA 01240