

**CHILDREN'S DEPARTMENT
JUNIOR VOLUNTEER APPLICATION**

NAME: _____
ADDRESS: _____
PHONE #: _____
E-MAIL ADDRESS: _____

DAYS AVAILABLE:
MON: 3:30-4:30p.m. _____ WEDS: 3-4p.m.

SPECIAL TALENTS AND INTERESTS: _____

JUNIOR VOLUNTEERS ARE A VERY IMPORTANT PART OF THE DAY TO DAY
RUNNING OF THE CHILDREN'S DEPARTMENT. THEREFORE IT IS VERY
IMPORTANT THAT JUNIOR VOLUNTEERS NOTIFY US IF THEY ARE UNABLE
TO ATTEND THEIR SCHEDULED TIME. PLEASE CALL US AT 781-741-1405.

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FOR PARENTS/GUARDIANS:
I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE HINGHAM PUBLIC
LIBRARY JUNIOR VOLUNTEER PROGRAM.

SIGNED _____ DATE _____