

VOLUNTEER APPLICATION FORM

**Hingham Public Library
66 Leavitt Street
Hingham, MA 02043
781-741-1405**

NAME _____ DATE _____
ADDRESS _____ CITY _____ ZIP _____
HOME TELEPHONE _____ EMAIL _____

Previous Experience (Including volunteer experience): _____

Special skills, training, interests or hobbies (crafts, computer, etc.): _____

Are there any physical limitations to the type of work you can do? ____ Yes ____ No
(If yes, please explain when you are interviewed)

Why do you wish to volunteer at the Library? _____

If you are only available during certain times of the year, please specify: _____

Would you like to work on a ____ Scheduled basis or an ____ Unscheduled basis?

Between what hours can you work? _____ AM _____ PM

What day(s) are you available? Please circle.

Monday, Tuesday, Wednesday, Thursday, Saturday, or Sunday (October to May)

PERSON TO CONTACT IN AN EMERGENCY:

Name: _____ Relationship _____

Telephone: _____

For Office Use Only

Signature of Interviewer: _____ Date: _____

Volunteer's Preferences: _____

Comments: _____

Placement: _____

