

VOLUNTEER APPLICATION



99 Main Street
Haverhill, MA 01830
www.haverhillpl.org

Name: _____ Date: ____ / ____ / ____

Address: _____

Phone (day): (____) _____ - _____ Phone (eve): (____) _____ - _____

Email: _____

Why do you wish to volunteer at the Haverhill Public Library? What do you hope to accomplish by volunteering?

Do you have any volunteer experience? ____ YES ____ NO If YES, please list the organizations and type of work you did. Please use the back for additional listings.

List any skills you may have (computers, artwork, writing, etc.):

When would you like to volunteer?

SCHEDULE	Mornings	Afternoons	Evenings
MON (9-9)			
TUE (9-9)			
WED (9-5)			<i>closed</i>
THU (9-9)			
FRI (9-5)			<i>closed</i>
SAT (9-5)			<i>closed</i>

Emergency Contact:

Name: _____

Relationship: _____

Phone (day): (____) _____ - _____ Phone (eve): (____) _____
_____ - _____

NOTE: All volunteers must undergo a background check.

Please present a completed CORI form and show a copy of your government-issued photo ID (passport, license, MA state ID card) to a staff member, OR provide a photocopy.

If you are under 18, please complete a Teen Volunteer Application