



PLAISTOW PUBLIC LIBRARY
VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME _____ E-MAIL ADDRESS _____

TELEPHONE (CELL) _____ (OTHER) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

YOU MUST BE AT LEAST 14 TO VOLUNTEER. Volunteers under 18 must have parent/ guardian complete the consent section of this application. Date of birth if under 18 _____

VOLUNTEER INTERESTS

Why do you want to volunteer at the PPL? Are there any projects you are particularly interested in?

For each day, indicate times you are available to volunteer at the library:

Mon: __ to __ Tue: __ to __ Wed: __ to __ Thurs: __ to __ Fri: __ to __ Sat: __ to __

Preferred schedule:

APPLICATION SIGNATURE _____ DATE _____

PARENT/ GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Plaistow Public Library for a maximum of _____ hours per week. If you need to reach me, my phone number is _____.

Parent/Guardian Signature _____ Date _____