

Lynnfield Public Library
Community Service Application

Thank you for your interest in volunteering at the Lynnfield Public Library. Please return the completed application to Pat Kelly, **Community Service Coordinator**. Or mail to Lynnfield Public Library, 18 Summer Street, Lynnfield, MA 01940. Questions? Call Pat at 781-334-5411 or email at kelly@noblenet.org.

Name: _____

Address: _____

Telephone: _____ **Email :** _____

Work experience:

Are you volunteering in order to fulfill high school graduation or religious confirmation requirements? Yes _____ No _____

How many hours do you want to volunteer? _____

Name of School/Organization _____

Please check all the times that you will be able to volunteer:

Morning

Afternoon

Evening

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Why do you wish to volunteer at the Lynnfield Public Library?

How did you hear about our volunteer program?

Person to contact in the event of any emergency:

Name _____

Relationship _____

Address _____

Phone (H) _____ Phone (W) _____

E-mail _____

Please sign below when you have read and understood all statements.

I understand that the Lynnfield Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library/Friends of the Lynnfield Public Library.

I acknowledge that volunteer duties may require bending and light lifting.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

Thank you for your interest in volunteering.

Applicant's Signature: _____ Date: _____

2/8/2023/PKK