



**Pearle L. Crawford
Memorial Library**

40 Schofield Avenue
Dudley, MA 01571
Phone: 508-949-8021
Fax: 508-949-8026

Web: www.crawfordlibrary.org

VOLUNTEER APPLICATION

The Pearle L. Crawford Memorial Library always needs good volunteers! We have short-term projects and ongoing tasks. We appreciate your offer to help. In order to make the best of your time, please fill out this form carefully, with details about your skills, interests and availability. *Thank you!*

Fill out this form online, print it out and sign where indicated, then return the completed form to the library.

Name _____ Date: _____

Address _____

Home telephone _____ Cell _____ Email _____

Date of Birth _____

Experience/Skills/Training (Please list any qualities that you have that will be helpful at the library.)

Please list 2 non-family references:

1. Name _____ telephone _____

Address _____

2. Name _____ telephone _____

Address _____

Emergency contact: _____

Days and times you are available to be at the library? ***Please check the day(s) and circle availability.***

Monday: a.m. / p.m. / eve

Wednesday: a.m. / p.m.

Friday: a.m. / p.m.

Tuesday: a.m. / p.m.

Thursday: a.m. / p.m. / eve

Saturday: a.m. / p.m.

Why do you want to be a volunteer at the library?

Is there anything else you think we should know?

Applicant Signature _____ **Date:** _____

Parent or Responsible Adult's Signature (if under 18) and Phone # (home/cell)

As a condition of volunteering, you must submit to a CORI check.