

ROWLEY PUBLIC LIBRARY

141 Main Street, P.O. Box 276 Rowley, MA 01969 T:978.948.2850 ~ F:978.948.2266 www.rowleylibrary.org

Volunteer Application

Name:		Phone:	
Address:			
Email:	Birth Date:	(optional if over 18)	
	en assigned by school or other		
Number of hours:	m: Completion date	:	
What work experience have	e you had?		
Why are you interested in v	volunteering at the library?		
What skills would you like	to share as a volunteer?		
I am available for (check a Short-term projects	ll that apply):On call as neededLo	ong-term projects	
Level of participation requ	ested: Weekly Bi-	weekly Monthly	
When are you available?	Mornings Afternoon	as Evenings Saturday	
I would prefer to work:	_ Alone With others		
· ·	s-needed basis. Please check	t the library. Some are ongoing, any in which you might have an ale room organization	
Light housekeeping	Periodi	cal and newspaper maintenance ummer Reading Program events	