

Volunteer Application

Name:	Phone number:	
Address	:Email:	
Emerge	ncy Contact (Name, Relation, Phone):	
Days and times which you would prefer to volunteer:		
When can you start?		
Previou	volunteer experience (Location, Dates, Responsibilities):	
Please	heck the volunteer areas that interest you:	
Circulat	on Shelving Materials/Organizing Books	
	ing / Special Events Library Fundraising Events	
Prograi	ming/Instruction Making/Creating Instruction (3D printing, sewing, photography, video editing. etc.)	
Friends	Friends of the Library The Friends of the Library are a separate 501(c)(3) all-volunteer organization that works to support the Blackstone Library. There may be volunteer opportunities available, especially with computer and communication skills. If interested, please contact friends@blackstonelibrary.org	
Interes	s/special skills or jobs not listed that you are interested in:	
	(Below is for office use only)	
Date t	begin Department Staff name	