



Hamilton-Wenham Public Library

Adult Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____

Phone: _____ Email _____

Availability

Are you volunteering as part of the Tax Work-Off Program? Yes ☐ No ☐

Why are you interested in volunteering at the library?

Do you have a particular department in mind for volunteering? (ex. Children's Room)

When are you available to volunteer? (Please list specific times or time of day you are available.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Experience and Skills

Please describe any work or volunteer experience you have:

Please list any skills you have:

Signature

Signature: _____ Date: _____