

PEABODY PUBLIC LIBRARY
JUNIOR VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

E-mail Address: _____

Age: _____

Emergency Contact:

Name: _____

Phone: _____

Personal References:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of Service

Adult Services:

- Shelving
- Dusting/Cleaning
- Programs
- Maintaining Materials

Children's Services:

- Shelving
- Programs
- Maintaining Materials
- Craft Preparation

Tech Services:

- Repairing Material
- Disc Cleaning

- I Enjoy:
- Working Alone
 - Being Around Others
 - Working with Seniors
 - Working with Children

Hours of Operation:

Monday 9 am.-6 pm.
Tuesday 9 am.-8pm.
Wednesday 9 am.-8pm.
Thursday 9 am.-8pm.
Friday 9 am.-6pm.
Saturday 9 am.-5pm.
Sunday 1 pm.-5 pm.

Hours Available:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

(Open Sundays from Labor Day until Memorial Day)

Printed Name: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Start Date: _____

Comments: