



**GOODNOW LIBRARY
ADULT VOLUNTEER INFORMATION FORM**

Please print clearly.

DATE: _____

NAME: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

*Most communication will be done via e-mail.

I wish to be a long term volunteer: Yes: ___ No: ___

Please indicate area of interest:

- _____ Adult/Circulation _____ Young Adult
- _____ Gathering requested materials
- _____ Clerical
- _____ Computer Related Tasks
- _____ Shelving materials/Shelf reading
- _____ Special Projects and events
- _____ Back Office Processing
- _____ Other

Please list any special skills, (i.e. computer proficiency):

Why do you want to volunteer at the Library? _____

Do you have any physical limitations that might restrict your activity? _____ Yes _____ No

If yes, please briefly explain: _____

Contact Information in case of Emergency:

Name: _____ Relationship: _____

Best number to reach them: _____



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Please indicate your availability:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM							
PM							

All new volunteers will be interviewed prior to being accepted as a Volunteer of the Goodnow Library. You will be contacted via e-mail to set up a time for us to meet with you.

SIGNATURE: _____

DATE: _____

Thank you for your interest in Volunteering at the Goodnow Library

It is preferred that completed forms be emailed to RoughsedgeA@sudbury.ma.us

If necessary, they may be mailed to:

Anna Roughsedge
Goodnow Library, Business Office
21 Concord Road
Sudbury, MA 01776