

## Sargent Memorial Library Volunteer Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail (write legibly) \_\_\_\_\_

Days of week and times available to volunteer (1-2 hour slot[s] will be mutually scheduled) : library open 10-6 Mon. & Wed, 10-8 Tuesdays and Thursdays, 10-3 Saturdays (Closed Sat. July & August)

\_\_\_\_\_

Days volunteer will be unavailable due to vacation plans \_\_\_\_\_

\_\_\_\_\_

Are you willing to work 1-2 hours for minimum 12 weeks? \_\_\_\_\_

Entering ABRHS Grade \_\_\_\_\_

Are you willing and able to shelve books? \_\_\_\_\_

Are you interested in helping with children's craft and other programs? \_\_\_\_\_

Any interest in weeding the flowerbeds around the library in good weather?

Prefer \_\_\_\_\_

Agreeable to \_\_\_\_\_

Would rather not \_\_\_\_\_

RETURN TO:  
SARGENT MEMORIAL LIBRARY  
427 MASS AVE  
BOXBOROUGH, MA 01719

QUESTIONS? 978-263-4680