



Volunteer Application

Please complete this volunteer application and drop it off at the main circulation desk or fold and mail to the library. (Note: Volunteers will be asked to sign a release form allowing us to do a criminal background check which will be conducted at the Library's expense.)

Name: _____ Date: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____ Best time to call: A.M. P.M.

Physical limitations: (i.e. heavy lifting, etc.) _____

I would like to volunteer once a week once a month once a year other _____

For how many hours? _____

I am interested in volunteering in the following areas (position descriptions on reverse):

- | | |
|---|---|
| <input type="checkbox"/> Library Materials Volunteer | <input type="checkbox"/> Program Volunteer |
| <input type="checkbox"/> Building Volunteer | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Technology Volunteer | |

Please Fold Here

Place
Stamp
Here

**Attn: Volunteer Coordinator
Concord Public Library
45 Green Street
Concord, NH 03301**