



Joan Pilkington-Smyth
Director

ATTLEBORO PUBLIC LIBRARY

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VOLUNTEER APPLICATION

Name: _____ Phone#: _____

Address: _____

Email: _____

Preferred contact method: Phone ___ Email ___ Mail ___

Previous Work/Volunteer Experience: _____

Hobbies/Talents/Skills: _____

Education and/or Training: _____

Best time/days to volunteer: _____

Reasons for Volunteering: Love the Library ___ SeniorProgram ___ School ___
CommService ___ Other(be specific) _____

References (at least one non-family member):

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Emergency Contact Information:

Name: _____ Phone#: _____

Signature: _____ Date: _____