



Billerica Public Library Adult Volunteer Application

Basic Information

Name _____

Telephone _____ E-Mail Address _____

Street Address _____

City _____ State _____ Zip Code _____

Are you over 18? Yes No

Emergency Contact

Name _____

Relationship _____ Telephone _____

Street Address _____

City _____ State _____ Zip Code _____

General Volunteer Information

Why do you want to volunteer? _____

Do you have a library card? Yes No

Describe how you currently use the library. _____

Please indicate the times each day you would be available to volunteer. Note: there is a minimum requirement of two hours per volunteer shift.

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thurs: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___



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Position Interest

Which available position currently listed on the website are you applying for?

What interests you most about this position? _____

Please describe any skills, credentials, or experiences you feel make you a good candidate for this position.

CORI

Please note prior to beginning as a volunteer, all applicants over the age of 18, except for those in the Senior Property Tax program, are required to undergo a Criminal Offender Records Information (CORI) check as a final step in the volunteer screening process.

Application Submission

Please send your completed application via US Mail, email, or fax to:

Joe St. Germain

15 Concord Rd

Billerica, MA 01821

jstgermain@billericalibrary.org

Fax: 978-670-9492