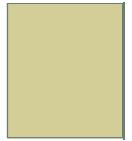


## GRANBY FREE PUBLIC LIBRARY

297 EAST STATE STREET, GRANBY, MA 01033



### Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a library card? Y / N

Do you know how to use the library online catalog? Y / N

Please list any special skills or interests that might be useful in the library:

\_\_\_\_\_

Please check the day(s) you are willing to volunteer: T\_\_ W\_\_ Th\_\_ F\_\_ S\_\_

Please list any allergies or health concerns:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Home /Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I have read the Volunteer Policy and agree to abide by it.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_