



Volunteer Application

Date: _____

Name: _____ Pronouns: _____

Address: _____ Phone: _____

Email Address: _____

Amount of time willing to volunteer: Hours per day _____ Which Hours _____

Number of days per week: _____ Mon Tues Wed Thurs Fri Sat
(Please Circle)

Starting Date: _____ For how long a period: _____

What would you like to do? (Circle as many as you'd like)

Re-shelving books Shelf reading of the collection Staffing the annual book sale

Volunteers who work a minimum of 1 hour per week receive the following:

*No overdue fines *Free printing / copying *Our enduring gratitude

Thank you for your time!

Freeport Community Library
10 Library Drive | Freeport, ME 04032 | (207) 865-3307