



Freeport Community Library
10 Library Drive, Freeport ME 04032
(207) 865 – 3307 | freeportlibrary.com

Volunteer Application

Date: _____

Name: _____ Pronouns: _____

Address: _____ Phone: _____

Email Address: _____

Availability:

Please Circle: Mon Tues Wed Thurs Fri Sat Mornings / Afternoons / Evenings

Hours per day: _____ Number of days per week: _____

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 Registered Therapy Dog

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

*Free printing / copying *Our enduring gratitude

Library Use Only

Date Received: _____

Date Contacted: _____