

**Leverett Library Volunteer Application**  
*(volunteers typically work one two-hour shift per week)*

Name \_\_\_\_\_

Best contact method \_\_\_\_\_

Phone or email address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Their address \_\_\_\_\_

Their phone \_\_\_\_\_

Their email address \_\_\_\_\_

Their relationship to you \_\_\_\_\_

Summarize any special skills and interests you have that we may be able to match up with volunteer duties:

Anything else you'd like us to know about you?

All applicants must read the Leverett Library Volunteer Policy on our website: [www.leverettlibrary.org](http://www.leverettlibrary.org). You agree to the terms of the policy by submitting this application.

Signature and Date: \_\_\_\_\_

If you are under the age of 18, please have a parent sign and date here.

\_\_\_\_\_

Please fill out form and email to [leverett@cwmars.org](mailto:leverett@cwmars.org) OR mail to:

Leverett Library  
P.O. Box 250  
Leverett, MA 01054

We will confirm receipt of your application within 2 weeks. Thank you for your interest in volunteering at the Leverett Library!