



Seekonk Public Library

Volunteer Application Form

Date: _____ Name: _____

Address: _____

City/Town, State, Zip: _____

Telephone: _____ E-Mail _____

Address _____

What is the best time to call you? _____

Have you ever volunteered or applied to volunteer for the Library before? _____

Are you being referred by a Library Volunteer or Government Agency? _____

Is this a Community Service Requirement? _____

If Yes, please provide:

Agency/Organization Name: _____

Person to contact: _____ Telephone #: _____

Are you a Teen Volunteer (ages 12 - 18)? Considering joining our Teen Advisory Board!

Do you have a friend or family member who works or volunteers here: _____

If Yes, Please provide their Name & Telephone #:

Name: _____ Telephone #: _____

Please describe any training or experience, you may have, that is relevant to your volunteer interest.

We are required to run Criminal Background Checks