



Richards Memorial Library

44 Richards Ave.
Paxton, MA 01612
(508) 754-0793

www.rmlpaxton.org
richards@cw mars.org

Adult Volunteer Application

Please read the attached volunteer policy before filling out this form.

Date: _____

Name: _____

Are you interested in the

Address: _____

Senior Municipal Program? Y or N

Phone #: _____ Email: _____

Do you have a CW Mars account in good standing? (owe less than \$10 in fitness) _____

What Are Your Skills and Interests? For example: Art, Excel, MS word or other software, helping with events, music, landscaping, etc. _____

Availability (Please circle):

Tuesday Wednesday Thursday Friday Saturday

Times _____

Volunteers are limited to **one two-hour shift per week**. Volunteers are selected based upon their qualifications in relation to the needs of the library at any given time. If there are no suitable volunteer opportunities available, individual application forms will be kept on file for one year. Applicants will be called if there is a project that matches their interests and qualifications.

Have you worked or volunteered at this or any other library before? _____

Why do you want to volunteer at the library? _____

To safeguard the public, the Town of Paxton screens volunteers in compliance with Massachusetts General Law, Chapter 6 and consistent with the Code of Massachusetts Regulations (102 CMR 14:00 -14:16). All volunteers must complete and sign a Criminal Offender Record Inquiry (CORI) form.

Volunteer Signature: _____ Date: _____ Updated 5/26/2022