



Richards Memorial Library

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

www.rmlpaxton.org
richards@cwmares.org

Youth Volunteer Application

Date: _____

Name: _____ Preferred Name: _____

Pronouns: _____ Age: _____

Address: _____

Email address: _____ Cell Phone #: _____

What is the title of the book you last read? _____

Why do you want to volunteer at the library? _____

Check any that apply: Jr. NHS NHS

Other volunteer requirement (name of organization): _____

Availability (Please circle): Volunteers are expected to work a regular schedule.

Tuesday Wednesday Thursday Friday Saturday

Time: _____

Do you have any special skills? (Artistic, musical, crafts, STEM, technological):

Are you interested in forming a Youth Advisory Board at the RML that would meet monthly during the school year? Please circle: Y or N

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____