



## Richards Memorial Library

44 Richards Ave.

Paxton, MA 01612

(508) 754-0793

[www.rmlpaxton.org](http://www.rmlpaxton.org)

[richards@cwmares.org](mailto:richards@cwmares.org)

### Youth Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ 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  Volunteer requirement:

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: \_\_\_\_\_