

# BURLINGTON PUBLIC LIBRARY

## Volunteer Application

Please return this form to:  
Susanne Sullivan, Assistant Director  
Burlington Public Library  
22 Sears Street  
Burlington, MA 01803

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last first middle

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EDUCATION (highest level completed) \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE \_\_\_\_\_

SKILLS, SPECIAL INTERESTS \_\_\_\_\_

PHYSICAL LIMITATIONS (for some jobs) \_\_\_\_\_

CHARACTER REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_

AVAILABILITY for VOLUNTEER WORK: Days of the week \_\_\_\_\_

Time of day \_\_\_\_\_

Standard vacations \_\_\_\_\_

SIGNATURE \_\_\_\_\_