



**BEALS MEMORIAL LIBRARY**  
50 Pleasant Street  
WINCHENDON, MA, 01475  
(978) 297-0300  
www.bealslibrary.org

**Beals Memorial Library's Volunteer Application (Middle & High Schoolers)**

Please Note: All current volunteers **MUST** be filled out annually.

*Please Print:*

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town State Zip Code

(\_\_\_\_)\_\_\_\_-\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Phone Number Email Address Date of Birth

\_\_\_\_\_  
Name of School Entering Grade Level

\_\_\_\_\_  
Parent/Guardian's Full Name

\_\_\_\_\_  
Parent/Guardian's Daytime Phone Number *and/or* Cell Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact's Daytime Phone Number *and/or* Cell Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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**Availability:**

Please put a check mark next to the time you are available to volunteer.

**Monday**

1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm
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**Tuesday**

1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm
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**Wednesday**

1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm
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**Thursday**

1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm
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**Friday**

9-10am	10-11am	11am-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm
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Check here if you would like to be called if we need volunteers for a program.  
*(ie: Summer Reading Club, Craft Hour, Story-time, etc.)*