

Chelmsford Library - Volunteer Application **Date:** _____

Teens: please return application to Sharon Colvin, Teen Services Librarian
Teens who wish to volunteer in the Children's Dept. must attend a training session in September, January or June.

Please see the website for details and volunteer opportunities -www.chelmsfordlibrary.org/teen/volunteers

Adults: please return application to Kathy Cryan-Hicks, Community Services Dept.,
Chelmsford Public Library, 25 Boston Road, Chelmsford, MA 01824
or fax to 978-256-8511

The Library cannot guarantee assignments for every applicant. We encourage you to attend the Volunteer Fair in March and to visit www.chelmsfordvolunteers.org

Name: _____ **Date:** _____

Phone: (*home*) _____ (*cell*) _____

Address: _____

Email: (*Required*) _____

Are you a student now? Yes No **Grade completed:** _____

School: _____

If this is for court-required service, how many hours do you need? _____

Job Experience: (*use reverse side if necessary or attach resume*)

Person to notify in case of emergency: _____

Their phone and address, (*phone*) _____

(*address if different from yours*):

Please circle the days and hours you are available:

Monday Tuesday Wednesday Thursday Friday Saturday

Mornings Afternoons Evenings

Special Skills (languages spoken, proof reading, web design, artistic or musical skills/talent, decorating, etc.) _____

Where do you prefer to work? (*circle one*)

Main Library

MacKay Library

No preference

If you are over 18 years of age please sign the following form and return with your application:

Chapter 6,172H CORI Request Form

Chelmsford Public Library is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

Volunteer Information (please print)

Last name: First name: Middle initial:

Maiden name or alias (if applicable):

Address:

Date of birth: _____

Social Security number: (requested but not required):

Requested by: (signature of CORI authorized employee)