

Mystic & Noank Library

40 Library Street
Mystic, CT 06355
860-536-7721

Volunteer Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Are you under 18? ___ Yes ___ No (Check one)

1. Are you requesting Community Service Hours? ___ Yes ___ No (Check one)

If Yes, how many hours do you require? _____ by what date must you complete your hours? _____.

2. If you are not seeking Community Service, please indicate approximately how many hours each month you would like to help? _____

3. Please list which days and times are you available:

4. Do you have specific skills or interests that you would like to share with the library?

5. When would you like to begin? _____

6. If there is any additional information that you would like to share, please use the back of this form.

Please return completed form to the front desk. Thank you for your interest in helping the library!