

**Lawrence Library
15 Main Street
Pepperell, MA 01463**

Adult Volunteer Form

Date _____

Name _____ DOB _____

Address _____
Street _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Emergency Contact _____ Relationship _____

Emergency contact telephone/email _____

Are you volunteering to fulfill a community service requirement? _____

If yes, who is requiring the community service? _____

Number of hours and deadline for service hours? _____

When are you available for volunteer service?

Staff signature _____

Library Hours:

Monday- Thursday	10:00AM - 8:30PM
Friday	10:00AM - 5:00PM
Saturday	10:00AM - 2:00PM

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Volunteer Consent Form -

I, _____, do hereby release and hold harmless Lawrence Library and agree to indemnify and hold harmless the Town of Pepperell from any and all liability, claims or causes of action that may arise from any accidents, injuries or illnesses that may occur to my participation in the volunteer program. I waive any right of action I have against the Town of Pepperell in consideration my participation as a volunteer for the Town.

I, _____, understand that in my capacity as a Town of Pepperell volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Date _____

Printed Name _____

Signature _____