



Bedford Public Library

Bedford, New Hampshire

Date: _____

Adult Volunteer Pre-Screening Questionnaire

Name: _____

Address: _____

Phone Number: _____

Email: _____

Are you looking to volunteer on a particular time frame, such as to fulfill court-ordered community service or another requirement? If yes, please provide us with the specifics of your requirement (timeframe for completion, the number of hours you need, etc.).

Why do you want to volunteer at Bedford Public Library?

Do you have any experience, skills, or knowledge that we could utilize with your volunteer time?

What days/times and seasons are you available to volunteer? (please note that weekend and evening hours are not available)

What sort of tasks would you like to complete during your volunteer time at the library?

Which volunteer opportunities interest you the most? (Check all that apply)

☐ Adopt a Shelf ☐ Book Sale Room ☐ Cleaning/Light Dusting
☐ Gardening/Yardwork ☐ Technical Services

Staff Initial _____

Reviewed by Primex 05/03/24

Date: _____

Approved by Board of Trustees 09/06/24