Londonderry Leach Library Book Sale Volunteer Application

Name:		
Address:		
Telephone number:		

Why would you like to volunteer at the Leach Library?

Day and time you would like to volunteer?

- □ Tuesday 9:30-11:30 a.m.
- □ Thursday 6:00-7:45 p.m.
- Other: _____

Signature:_____

Date:_____

Leach Library I 276 Mammoth Road, Londonderry, NH 03053 I 603-432-1132