

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: _____