



Marlborough PUBLIC LIBRARY

35 West Main St
Marlborough, MA 01752
508-624-6900

Library Page Application

Personal Information

Name: _____

Phone Number: _____

Current Address: _____

Cell Number: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Availability:

Please mark all shifts with a P for "Preferred," A for "Available," or X for "Unavailable"

Sun: 1-5 ___ Mon: 9-12 ___ 5-8 ___ Tue: 9-12 ___ 5-8 ___

Wed: 9-1 ___ 5-8 ___ Thu: 9-12 ___ 5-8 ___

Fri: 9-12 ___ 2-5 ___ Sat: 9-12 ___ 12-3 ___

Start Date: _____ How did you hear about this position? _____

Age (Check One)

_____ At least 14 years old but not yet 16

_____ Between 16 and 18 year old

_____ More than 18 years old

Education:

Please circle your highest grade completed: 8 9 10 11 12 College

Last School Attended: _____ City: _____ State: _____ Degree _____

Most recent work or volunteer service:

Title: _____ Organization: _____ Dates: _____

Description of responsibilities: _____

Please use the back of this form to give more detail or other work/volunteer experience pertinent to being a Library Page.

Please list 3 personal (non-family) references:

Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____