

Volunteer Application



Date _____

**Please complete and return this application to Wallingford Public Library, 200 North Main St., Wallingford, CT 06492
Attn: Deborah Ward, Volunteer Coordinator**

Last Name _____

First Name _____

Home Telephone _____

Cell Telephone _____

Email Address _____

Work Telephone _____

**Former Address
(if less than 2 years at
current address)**

Current Address

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

References

**References may not be members of your family
or individuals with whom you reside.**

Reference #1

Reference #2

Name _____

Name _____

Address _____

Address _____

Street

Street

City State Zip

City State Zip

Organization _____

Organization _____

Relationship _____

Relationship _____

Employment History

1. Current or
Last Employer

Position Title

Dates Employed

Reason for leaving

2. Previous Employer

Position Title

Dates Employed

Reason for leaving

Education

Type of School	School Name	Area of Study	Graduation Date
High School or GED			
Business, Technical, Professional			
College or University			
Graduate School			

Scheduling Preferences

Mornings

Afternoons

Monday

Tuesday

Wednesday

Thursday

Friday

Prior Volunteer Experience

Agency/Organization	Position	Dates

Tell Us About Yourself

Please tell us why you are interested in volunteering. Also include any special skills or limitations you may have and any other information that would be helpful for us to know when placing you as a volunteer.

Emergency Contact Information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal. I hereby authorize the Wallingford Public Library to request information regarding my application for volunteer work from the references I have provided. I authorize the Wallingford Public Library to take my photograph in relation to my volunteer position.

Applicant's Signature _____ Date _____

I have read, understand, and agree to this statement.

For students under age 18, a parent/guardian signature is required.

I give permission for _____ to volunteer at the

Student's name

Wallingford Public Library, and to be photographed in relation to his/her volunteer position.

Date of Birth _____

(of Student)

Parent/Guardian Signature _____ Date _____