

Adult Volunteer Application

Date _____

**Please complete and return this application to Wallingford Public Library
200 North Main St. Wallingford, CT 06492**



Last Name _____

First Name _____

Street _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Telephone _____

Email Address _____

Availability

Mornings

Monday

Thursday

Afternoons

Tuesday

Friday

Evenings

Wednesday

Saturday

Position of Interest

Computer Tutor

Outdoor

Shelving

Shelf Reading

Other Tasks

Program Help

Gardening

Coin sorting

Section Weeding

Book Seller

Volunteer Interests

Why do you want to volunteer?

What are your hobbies/interests?

Skills (please list skill and proficiency level; Skilled, Can Teach, Amateur)

1.

2.

3.

4.

Prior Volunteer Experience

Agency/Organization/Dates

Emergency Contact Information

Name/Relationship

Address, City, State Zip

Primary Phone /Secondary Phone (if applicable)

I certify that the answers I provided are complete and true. I understand that the library will rely upon this information and that if I knowingly make misstatements or omissions of facts I am subject to disqualification or dismissal and prosecution under the General Statutes and that the library or its insurance company will not be responsible for any loss resulting from incorrect or incomplete information. I give my consent for you to check with previous employers and personal references, unless I have indicated otherwise, and release them from liability for providing information. I have read the above statements and understand.

Applicant's Signature _____ Date _____

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