

Date: _____

Wolcott Public Library Volunteer Application

Name: _____

Gender: (circle one) Male Female Birth Date: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Name of organization for which you will be completing volunteer hours:

Number of hours required: _____

Contact Person for Organization: _____

Contact Person's Phone #: _____

Why do you want to volunteer at the Wolcott Public Library?

Hours Available (Circle)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|-------------|--------------|--------------|---------------|---------------|
| 2:00-3:00pm | 2:00-3:00pm | 3:00-4:00pm | 12:00-1:00pm | 10:00-11:00am | 10:00-11:00am |
| 3:00-4:00pm | 3:00-4:00pm | 4:00-5:00 pm | 1:00-2:00pm | 11:00-12:00pm | 11:00-12:00pm |
| 4:00-5:00pm | 4:00-5:00pm | 5:00-6:00 pm | 2:00-3:00pm | 12:00-1:00pm | 12:00-1:00pm |
| 5:00-6:00pm | 5:00-6:00pm | 6:00-7:00pm | 3:00-4:00pm | 1:00-2:00pm | 1:00-2:00pm |

I agree to work responsibly and conscientiously while performing my volunteer duties and to behave respectfully in the library. I will contact the library with any schedule changes.

Volunteer Signature: _____ Date: _____

For Parents/Guardians:

I give my child permission to volunteer at the Wolcott Public Library.

Parent Signature: _____ Date: _____