

Date: _____



Wolcott Public Library Volunteer Application

Name: _____

Date of birth : _____

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: _____ Deadline for completion: _____

Contact Person for Organization: _____

Contact Person's Phone #: _____

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

Hours Available (Write in)

<u>Monday</u> 10 - 8	<u>Tuesday</u> 10 - 6	<u>Wednesday</u> 10 - 8	<u>Thursday</u> 10 - 8	<u>Friday</u> 10 - 4	<u>Saturday</u> 10 - 3
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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: _____