

VOLUNTEER FOR
THE DAY FORM
FOR THE FOLLOWING DAY:
____/____/____



Please complete this form in order to receive service hours from Wallingford Public Library
200 North Main St. Wallingford, CT 06492 | (203) 265-6754 | wallingfordlibrary.org
INTENDED FOR STUDENTS WHO ARE NOT ONGOING WPL VOLUNTEERS

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____

HOME/CELL: _____ EMAIL ADDRESS: _____
Please Specify

PREFERRED METHOD OF COMMUNICATION: email phone

EDUCATION

HIGH SCHOOL	EXPECTED YEAR OF GRADUATION

EMERGENCY CONTACT

NAME/RELATIONSHIP

ADDRESS, CITY, STATE, ZIP CODE

PRIMARY PHONE/ SECONDARY PHONE (IF APPLICABLE)

TASK INFORMATION

- Create a custom coloring sheet –1 Hour
- Write a 200-word Book Review –1 Hour
- Bring three items to donate to Masters Manna –1 Hour
- Write a pitch for an Event or Program for the Library –1 Hour
- Write a 200-word Service Review or tutorial – 1 Hour

NOTES:

Total # of Service Hours Completed:

AGREEMENTS

I certify that my answers on this application are true and complete to the best of my knowledge. I understand that the submission this application does not make me an ongoing volunteer of Wallingford Public Library, and instead allows me to complete simple tasks in exchange for an established amount of community service hours. I also understand that this form is intended for Students in need of service hours and will not use this form for anything outside of that intention. I will also abide by the "Volunteer Conduct and Library Rules" established in the Wallingford Public Library Handbook. This form is invalid with out the signatures of Applicant, Parent/Guardian, AND a Library Staff member.

I, _____, have read the above statements and agree to them.

Applicant's Name

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PERMISSION

I, _____ hereby certify that I am the parent or guardian of _____ (named above) and do hereby give permission for _____ to temporarily volunteer at the Wallingford Public Library.

Parent/Guardian's Name

Applicant's Name

Applicant's Name

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

LIBRARY STAFF MEMBER APPROVAL

I, _____, approve _____ # service hours for the student named above.

Library Staff Member's Name

LIBRARY STAFF MEMBER SIGNATURE: _____

DATE: _____



QUESTIONS/CONCERNS?

CONTACT JANELLE ROSALES, VOLUNTEER COORDINATOR
(203) 284-6458 | JROSALES@WALLINGFORDLIBRARY.ORG