Date (m/d/y): _____



Student Volunteer Application Please complete and return this application to Wallingford Public Library North Main St. Wallingford, CT 06492 | (203) 265-6754 | wallingfordlibrary.org

Last Name:							First Name:						
Street: Cit						City:		State:		Zip:			
Cell:	Cell: Email Address:												
Availability													
Monda	<u>Monday</u> <u>Tue</u>			<u>uesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>		<u>Saturday</u>	
Morning Afternoo Evening Notes:	n		Morning Afternoon Evening		Morning Afternoon Evening		Morning Afternoon Evening		Morning Afternoon Evening		Morning Afternoon		
Education													
High School Name									Expected Graduation Year				
Areas of Interest (please circle)													
Program/Craft Prep Gaming-related Programs Social Media					Marketing (photography, etc.) Collaboratory Art (displays, etc.)			Teen Advisory Group Fall 2024 Other:					
Volunteer Experience													
Organization/ Date/ Description													

Emergency Contac	ct Information	
Name/Relationship		
Address, City, State, Zip Code		
Primary Phone/Secondary Phone	e (If applicable)	
will rely upon this information and	pplication are true and complete to the best of my knowledge. I understand I that if I knowingly make misstatements or omissions of facts I am subject t t the submission of this application does not guarantee me a volunteer oppo	o disqualification
	allingford Public Library permission to use my likeness in photography and/odding website and social media entries, without payment or any other considers.	
videography of my likeness for pur waive the right to inspect or appro also waive any right to royalties or my likeness. I hereby hold harmles and causes of action which I, my h	Wallingford Public Library to edit, copy, exhibit, publish, or distribute photo rposes of publicizing the Library's programs or for any other lawful purpose ove the finished product, including written or electronic copy, wherein my library other compensation arising or related to the use of photography and/s and release and forever discharge the Wallingford Public Library from all cleirs, representatives, executors, administrators, or any other person acting only have by reason of this authorization.	. In addition, I keness appears. I or videography of laims, demands,
l,	, have read the above statements and understand them.	
	Date:	
For persons under age 21, there m	nust be consent by a parent or guardian, as follows:	
ı,, ł	nereby certify that I am the parent or guardian of	(named
Parent/Guardian's Name	Applicant's Name nsent without reservation to the foregoing on behalf of this person. I also gi	
to volu	inteer at the Wallingford Public Library.	
Applicant's Name		
Applicant's date of birth:		

Questions/concerns?

Parent/Guardian Signature: ______ Date: _____

Contact Janelle Rosales, Volunteer Coordinator (203) 284-6458 | Jrosales@wallingfordlibrary.org

