

VOLUNTEER FOR THE DAY  
APPLICATION  
FOR THE FOLLOWING DAY:  
\_\_\_\_/\_\_\_\_/\_\_\_\_



WALLINGFORD  
PUBLIC LIBRARY

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