

Date (m/d/y): _____

Mark if returning volunteer:



Adult Volunteer Application

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

Last Name: _____ First Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Home/Cell: _____ Email Address: _____

Please Specify

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	

Notes: _____

Areas of Interest

Program Help <input type="checkbox"/>	Seed Library <input type="checkbox"/>	Book Seller <input type="checkbox"/>
Programming <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Other: <input type="checkbox"/>
	VITA Greeter <input type="checkbox"/>	_____

Why do you want to volunteer at the Library?

Experience

Organization/Date/Description

Organization/Date/Description

Organization/Date/Description

Skills (Please include proficiency level: novice, intermediate, advanced)

1. Skill/Proficiency level

2. Skill/Proficiency level

3. Skill/Proficiency level

Emergency Contact Information

Name/Relationship

Address, City, State, Zip Code

Primary Phone /Secondary Phone (if applicable)

I certify that my answers on this application are true and complete to the best of my knowledge. I understand that the library will rely upon this information and that if I knowingly make misstatements or omissions of facts I am subject to disqualification or dismissal. I also understand that the submission of this application does not guarantee me a volunteer opportunity.

Additionally, I hereby grant the Wallingford Public Library permission to use my likeness in photography and/or videography in any and all of its publications, including website and social media entries, without payment or any other consideration.

I hereby irrevocably authorize the Wallingford Public Library to edit, copy, exhibit, publish, or distribute photography and/or videography of my likeness for purposes of publicizing the Library's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I also waive any right to royalties or any other compensation arising or related to the use of photography and/or videography of my likeness. I hereby hold harmless and release and forever discharge the Wallingford Public Library from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I, _____, have read the above statements and understand them.

Applicant's Signature: _____ Date: _____

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of, _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature: _____ Date: _____

Questions/concerns?

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

