

Date (m/d/y): _____

Mark if returning volunteer:



Student 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: _____

Cell: _____ Email Address: _____

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: _____

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 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 Name

Applicant's Signature: _____ Date: _____

For persons 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
Parent/Guardian's Name Applicant's Name
above) and do hereby give my consent without reservation to the foregoing on behalf of this person. I also give permission for
_____ to volunteer at the Wallingford Public Library.
Applicant's Name

Applicant's date of birth: _____

Parent/Guardian Signature: _____ Date: _____

Questions/concerns?

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



The Wallingford Public Library is committed to equal opportunity principles in access, services, and employment. The Wallingford Public Library does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity or expression, marital status, religious creed, disability, age, genetic information, veteran status, ancestry, national ethnic origin, or any protected status under state and federal laws.