

PLEASE BRING COMPLETED FORM TO THE LIBRARY

WATERFORD PUBLIC LIBRARY

**49 Rope Ferry Road
Waterford, CT 06385
860-444-5805**

Volunteer Application

GENERAL INFORMATION		
Date of Application:		
Last Name :	First Name:	M.I.
Street Address:	Apartment/Unit #:	
City:	State:	ZIP:
Phone:		

AVAILABILITY Circle all that apply	
Monday	morning/afternoon
Tuesday	morning/afternoon
Wednesday	morning/afternoon
Thursday	morning/afternoon
Friday	morning/afternoon

FOR LIBRARY USE ONLY	
Date of Interview:	Volunteer status: Adult
Start Date:	Community Service
Special Skills:	Internship
	WHS Learning Through Service
Volunteer Coordinator initials:	Date: