

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:
Cell phone:	Other 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:	End Date:	Community Service
Total Hours: Service	(Reported:)	WHS Learning Through
Special Skills/Previous Experience:		
Volunteer Coordinator:	Date:	