

Application Date (m/d/y): \_\_\_\_\_

Interview Date (m/d/y): \_\_\_\_\_

Confirmation Date (m/d/y): \_\_\_\_\_



Start Date (m/d/y): \_\_\_\_\_

End Date (m/d/y): \_\_\_\_\_

Uploaded to Database: ☐

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

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
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"/>	(Commitment Required)
Adopt-a-shelf <input type="checkbox"/>	VITA Greeter <input type="checkbox"/>	Other: <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.

I give permission to the Wallingford Public Library to reach out to me via the email address I have provided and/or by text to my mobile number.

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 Volunteer Coordinator  
(203) 284-6458



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.