

For Staff Use

Date Received:

Staff Initial:

Public Library of New London Library Volunteer Application Form

Contact Information

First Name	Middle	Last	
Address			
		Zip Code	
Phone (Day)	(E	(Evening)	
E-mail address			
Experience			
Have you ever worked your experience.	or volunteered in a lib	orary before? If so, please describ	
Please explain why you New London.	u are interested in volu	unteering for the Public Library of	
, , ,	•	oring to your community service reading, etc)? Please describe.	

Do you have an	y previous volur	nteer experience? Please	describe.	
Volunteer Into	erests:			
Shelving Cleaning Book Sale		Shelf Reading Programs/Events Other:		
		nmunity service hours, ei list the organization.	ther through school,	
How many hour	rs are you lookin	g for?		
Availability: Dates Available:	:			
Days and Times	Available:			
	Morning	Afternoon	Evening	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Thank you for taking the time to give us this information. The Public Library of New London will hold all personal information in strict confidence, but your volunteer hours are tracked and may be shared with the board. The Library reserves the right to screen and select volunteers based on aptitude and library needs, as well as to determine all volunteer placements and job assignments. We look forward to working with you!