



Volunteer Program Application

Applicant's Name:	Date:
Applicant's Address:	Phone [Home]:
	Phone [Work]:
	E-mail:
Applicant's Birth Date (optional): _____	

Work Experience:

Date: _____ Organization: _____

Duties: _____

Date: _____ Organization: _____

Duties: _____

Date: _____ Organization: _____

Duties: _____

Volunteer Experience:

Date: _____ Organization: _____

Duties: _____

Date: _____ Organization: _____

Duties: _____

Date: _____ Organization: _____

Duties: _____

Education: _____

Skills and Interests [e.g. computer, administration, literacy, education, business, training, organizing, etc.]:



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In which area[s] would you like to volunteer? [Please check all areas of interest.]

- Library Volunteer Program
- Fundraising
- Associate Group Board [please specify Foundation, Friends] _____
- Other [please specify] _____

Why are you interested in volunteering at the Stratford Public Library?

What are your preferences as it relates to volunteering your time?

- Regular [monthly, weekly, or daily] Occasional
- Preferred day(s): _____ morning, afternoon, evening: _____
- During March Break? Yes No During Summer Months? Yes No

Does the Library currently employ any members of your immediate family?

- Yes No If yes, please indicate by name: _____

How did you find out about the need for volunteers at the Stratford Public Library?

- Family, friend, acquaintance
- Newspaper
- Newsletter
- Radio
- Event
- Other [please specify] _____

References: Please provide two references [i.e. previous agency where you volunteered, employer or associate. Please do not include relatives].

Name	E-Mail	Phone #	Relationship



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Authorization for Collection of Personal Information

I, _____, authorize the Stratford Public Library to collect personal information appropriate to the position applied for concerning my employment history as well as any volunteer experience, and to verify the character references I have supplied. I understand that the information obtained will be confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep the Library informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer assignment.

I hereby authorize the above named referees to provide a reference in connection with my application for volunteer activity at the Stratford Public Library, and release them from any liability in regard to the same.

Signature: _____

Date: _____

**Please return this completed form to the Library,
to the attention of Kate Schillings,
or call 271-0220, extension 35, for more information
and**

Thank you for offering to volunteer!