

Start Date (office use)

# Hartford Public Library

## Volunteer Application

Today's date: \_\_\_\_\_  Male  Female  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 1. Availability

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
Preferred:  Mornings  Afternoons  Evenings

I would like to volunteer approximately \_\_\_\_\_ days or hours per week.

I am available to start on/after this date: \_\_\_\_\_

### 2. Are your volunteer hours required for class or school? Yes No

If **Yes**, total hours needed: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

School contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please Note:* You must notify the Volunteer Coordinator if a written statement of completed hours worked will be needed or if you have your own paperwork.

### 3. Are your volunteer hours a requirement to fulfill court-ordered community service (Including Teen Court)? Yes No

If yes, please state the nature of the offense: \_\_\_\_\_

Total number of hours required: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

*Please Note:* You must notify the Volunteer Coordinator if a written statement of completed hours worked is needed for a third party.

### 4. Please describe any work/volunteer experience or skills that you have.

---

---

---

**5. References (former employer, other volunteer experiences, teacher, etc.)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Volunteer Agreement and Release***

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Hartford Public Library, its Board and officers, agents, and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 16): \_\_\_\_\_ Date: \_\_\_\_\_

***Library Use Only***

Date received: _____	Screened: _____
<input type="checkbox"/> Approved	Start date: _____
<input type="checkbox"/> Denied	Date notified: _____
Comments: _____	
Position: _____	