

Volunteer Application
Killingly Public Library

Name _____ Date _____

Address _____

City, State, Zip _____ Age: _____

Phone (home) _____ (work) _____ (cell) _____

Email address: _____

Emergency Contact

Name: _____ Phone _____ Relationship _____

What is your interest in the Killingly Library? _____

Reason for volunteering?

Community Service, Number of hours needed _____ Completed by _____

Internship

Enjoy library atmosphere

Former employee

Summer community service only

If your community service is required for a particular reason we will need a letter of introduction from the institution that assigned your community service time.

Do you have any previous experience working in a library? Yes _____ No _____

Current employment status: _____

Availability:

Circle days available:

Tuesday, Wednesday, Thursday, Friday, Saturday

Specific hours you can work _____

Please describe any work you are not able to do or medical concerns we need to know about:

Thank you for your interest in the Killingly Public Library. We will contact you if we have volunteer work available.

Applicant's Signature _____