

Date: \_\_\_\_\_

**PROSSER PUBLIC LIBRARY**

1 TUNXIS AVENUE

BLOOMFIELD, CT 06002

860-243-9721

**VOLUNTEER APPLICATION – CHILDREN’S DEPARTMENT**

*Please note: Due to a high volume of requests, volunteer hours are not guaranteed*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

\*(Please indicate best number to reach you)

Email address: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

What brought you here: \_\_\_ school \_\_\_ library staff \_\_\_ Website \_\_\_ other: \_\_\_\_\_

School Name \_\_\_\_\_ (Grade) \_\_\_\_\_

What is your availability (days/times)? \_\_\_\_\_

How many hours are needed/desired? \_\_\_\_\_

Do your hours need to be completed by a certain time? \_\_\_no \_\_\_ yes, by: \_\_\_\_\_

Is there anything else you would like us to know about you? (Hobbies, interests, limitations etc.) \_\_\_\_\_

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: Library Staff Initial \_\_\_\_\_