



Meriden Public Library

105 Miller Street, Meriden , CT 06450

www.meridenlibrary.org

VOLUNTEER APPLICATION

Date: _____

Name: _____ Age (if under 18) _____

Address: _____

Phone: _____ Cell phone: _____ Email: _____

Name of last school attended: _____

Why do you want to volunteer at the library? (School requirement? Court ordered**?)

**If court ordered, name of probation officer and phone number is required:

Number of hours needed: _____ Hours completed by: _____

When are you available to volunteer? (Circle all that apply)

Mornings Afternoons Nights Saturdays Summer

Can you push heavy book trucks, lift large bundles of magazines, stoop to shelves along floor and stretch to six foot high shelves for 2 hours at a time? _____

Do you have any previous library experience? _____ Do you type? _____

Do you have computer experience? _____

List any other work experience: _____

List 2 references (name, address and telephone number)

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that there are no misrepresentations or falsifications in my answers above. I am aware that ANY misstatements or false statements or omission will constitute grounds for disqualification or dismissal.

Signature _____ Date _____

9/2010