

Volunteer Application

CONTACT INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Languages spoken: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____ RELATIONSHIP _____

EDUCATIONAL BACKGROUND:

High School: _____ Year _____ Diploma: YES / NO

IF STILL IN HIGH SCHOOL WHAT IS YOUR CURRENT GRADE? 9 10 11 12

College: _____ Major: _____ Diploma: YES / NO

Graduate School: _____ Major: _____ Diploma: YES / NO

Other: _____

EMPLOYMENT and VOLUNTEER HISTORY (start with most recent and use extra page(s) if needed)

Company: _____

Duties: _____ Currently Employed? YES / NO

Company: _____

Duties: _____ Currently Employed? YES / NO

Company: _____

Duties: _____ Currently Employed? YES / NO

Have you ever volunteered in the past? Yes No

Company/Organization Name: _____

Duties: _____ Length of service: _____

Company/Organization Name: _____

Duties: _____ Length of service: _____

Company/Organization Name: _____

Duties: _____ Length of service: _____

TELL US ABOUT YOURSELF

Why would you like to volunteer?

PERSONAL SATISFACTION CONFIRMATION SKILL DEVELOPMENT SCOUT MERIT BADGES

COURT OR DISCIPLINARY COMMITTEE ORDERED COMMUNITY SERVICE*

GRADUATION REQUIREMENT (how many hours needed? _____)

INTERNSHIP (how many hours needed? _____)

OTHER (please explain) _____

*Community Service hours assigned by a Court or by a school disciplinary committee MUST be performed in the Adult Department. These applications will be forwarded to the Adult Department for consideration.

Are you applying for **mandatory** community service assigned by a court? ___ Yes ___ No

If yes, what was the reason? _____

Have you ever been **convicted** of a felony? YES / NO (if yes, explain) _____

SKILLS and Hobbies

___ TYPING ___ EXCEL ___ COMPUTER PROGRAMS (SPECIFY) _____
___ OTHER TECHNOLOGY SKILLS (SPECIFY) _____
___ ARTS/CRAFTS (SPECIFY) _____
___ OTHER (SPECIFY) _____

Please list some of your **hobbies** and special interests: _____

What is the **best time** for you to volunteer?

Monday From _____ to _____ Tuesday From _____ to _____
Wednesday From _____ to _____ Thursday From _____ to _____
Friday From _____ to _____ Saturday From _____ to _____

Do you participate in any regular activities that may conflict with volunteering (for example, sports, tutoring, other volunteering, jobs, etc.)? If YES, please explain. _____

PLEASE CHECK OFF ALL OF THE FOLLOWING VOLUNTEER EXPERIENCES YOU ARE INTERESTED IN

___ VOLUNTEER GENERALIST (basic volunteer duties as assigned by library staff)
___ READING BUDDIES PROGRAM (teens reading with young children)
___ TUTORING (please specify subject(s)): _____
___ LIBRARY PROGRAMS
___ TEACHING TECHNOLOGY (please specify types of tech you would like to teach) _____
___ OTHER (SPECIFY) _____

All volunteers are subject to the screening process of both the library and the City of New Haven. By signing this application, the volunteer gives consent for a preliminary screening process to be done by the library, to include but not be limited to, an inquiry of felony and criminal convictions, and verifies that all information contained herein is factual and complete to the best of their knowledge.

Signature: _____ Date: _____