

OTIS LIBRARY

261 Main St., Norwich, CT 06360

(860) 889-2365 fax (860) 886-4744
www.otislibrarynorwich.org

Volunteer Application (please complete both sides of the form)

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekday evenings (Mondays & Wednesdays library is open until 7PM)
 Weekday afternoons Weekends (Saturdays library is open 9AM-2PM)

Source

Are you volunteering to fulfill a requirement of a school, church, or other social service program?

If yes, what is the name of the program? _____

How many hours are you required to complete? _____

Is this court-ordered community service? _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.