



Windsor Public Library

323 Broad St.
Windsor, CT 06095
860-285-1910
www.windsorlibrary.com

Youth Volunteer Application for Children up to 17 years old

Thank you for your interest in volunteering at the Windsor Public Library. We rely on our volunteers to assist library staff in extending services and programs. We welcome those eager to help make a real difference in our community. Children under the age of 12 must always be in the company of an adult. At this time the library does not accept court mandated community service assignments. *All volunteers must hold a library card in good standing.*

Personal Information

Name: _____ Date of Birth: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Parent/Guardian: _____ Relationship: _____
Telephone (home): _____ Cell phone: _____
Emergency contact: _____ Relationship: _____ Telephone #: _____
Do you currently have a Windsor Library card? Y N

Employment Information

If you are currently employed, please supply the following:

Employer's name: _____ Position/Title: _____
Duties include: _____

Education

Name of School Attending: _____ Grade: _____

Volunteer Information

Have you ever volunteered before? Yes No If so, where: _____

Brief description of duties: _____

How did you hear about the library's volunteer program? _____

Please note the skills or abilities below that are applicable to you :

- Gardening (weeding, repotting, etc)
- Previous library work _____
- Organization (sorting, shelving, etc)
- Knowledge of equipment _____
- Technology/Computer work
- Art and crafts ability
- Public contact
- Work with youth _____
- Light indoor cleaning
- Digital camera/camcorder experience
- Other: _____

Experience with electronic resources, please list:

Other special interest, skills, or hobbies:

Other organizations for which you currently volunteer:

Do you have any physical limitations?

Please list your preferences in order (details are in our volunteer brochure):

- Children's Department Volunteer
- Adopt-A-Shelf Volunteer
- Green Thumb Volunteer
- Teen Volunteer
- Homebound Delivery Volunteer
- Housekeeper Volunteer

Schedule Information

Please check preferred locations for volunteer assignment:

- Main Library
- Wilson Branch
- Either

I am available for volunteer service: (Check all times that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How many hours per week are you willing to work?

Is your volunteer service expected to be ongoing or temporary?

If temporary, please list the expected completion date of service and total number of hours:

Background Information (Professional references preferred if you have any volunteer or job history.)

Reference: Relationship: Telephone:

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Release of Liability and Confidentiality Waiver

I fully assume all risks associated with participation with the Town of Windsor and Windsor Library Association volunteer program, even if due to the negligence of the Town of Windsor, its agents, servants or employees.

I, hereby release The Town of Windsor, The Windsor Library Association, Staff, its agents, boards, commissions, from any and all liability in connection with any injury or claim of damages including attorney fees, in connection with volunteer work at the Windsor Public Library even if caused by the negligence of the Town of Windsor, its agents, servants or employees.

I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of Windsor, Windsor Library Association, its agents and employees, and all of its departments, boards, commissions, and agencies, from any and all claims, suits or demands by anyone arising from my participation in the volunteer program, even if caused by the negligence of the Town of Windsor, its agents, servants or employees.

I also understand that in my capacity as a Town of Windsor volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

I give the town and the library permission to utilize any photographs and videos taken for publicity purposes.

Student Printed Name: _____

If my child is under the age of 12, I will remain with him/her at all times during their volunteer service.

Parent Printed Name: _____

Parent Signature: _____ Date: _____

For Volunteer Office use only:

___ Volunteer guidelines

___ Schedule/punctuality

___ Supervisor contact information

___ Signing in/out

___ Name badge

___ Storage of personal items

___ Criminal background check authorized