

## Town of Glastonbury: Welles-Turner Memorial Library

## **Volunteer Service Application**

Volunteer Information					Today's date			
Name				•				
Address	Street address							
	City, state, zip code							
Telephone								
E-mail								
Why you want to volunteer	Simply want to volunteer				☐ School requirement ☐ Other. <i>Please specify:</i>			
	Court assigned community service. <i>Reason:</i>					Other. Please	specify:	
Complete this section for court-assigned service								
# Hours assigned								
# Hours done elsewhere	☐ No hours done elsewhere							
Date service to be completed by								
	Available time(s)							
Days Times	Sun	Mon	Tue	We	ed	Thu	Fri	Sat
	Specialized training or skills							
	For library use							
Approved by								
Assigned to	☐ Adult Services				☐ Technical Services			
	☐ Children's Services				☐ The Friends of the Library			