

Volunteer Navigator Application



A place like no other.

The following information will help project staff to determine your eligibility to serve as a Volunteer Navigator (VN) as well as identify special skills and talents that you possess.

NOTE: The information you share on this document is strictly confidential and will be shared only among project staff involved in determining an applicant's eligibility.

1. MENTORING OPPORTUNITIES (Please check at least 2 interest areas):

- Citizenship Coach
- Math Tutor
- Reading/Writing Tutor
- Computer Guide
- Conversation Buddy
- Cultural Navigator

2. PERSONAL INFORMATION (Please type)

First Name _____ Last Name _____
Street _____ City _____ State _____ Zip Code _____
Email Address _____
Home Phone _____ Cell Phone _____
Date of Birth _____ Gender ___M ___F

Program Affiliation:

- UConn Urban Semester
- UConn School of Social Work
- Urban League Youth Employment
- High School Community Service
- Unaffiliated (individual)
- Other _____

3. AVAILABILITY

Thinking seriously about your schedule, do you see yourself being able to consistently devote a specific amount of weekly hours to volunteering? ___yes ___no

If yes, when? For each day, indicate times you are available:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

4. EXPERIENCE (If you need more space, attach another page.)

Please list any related work or volunteer experiences:

Organization _____
Dates _____ Position _____
Duties _____

Organization _____
Dates _____ Position _____
Duties _____

Briefly describe your special interests, hobbies, skills, and how you might share them

Have you ever participated in a mentoring program? ___no ___yes; Name of program _____

Why do you want to become a Volunteer?

5. SKILLS

What language(s) other than English do you speak and read? _____

Rate your computer skill level ____beginner ____intermediate ____ advanced

Please list the computer programs that you are proficient in, e.g. Quick Books, Powerpoint, etc.

6. REFERENCES Name two character references:

Name _____

Address _____

Daytime phone _____ Email Address _____ Relationship _____

Name _____

Address _____

Daytime phone _____ Email Address _____ Relationship _____

I certify that the above information is true and completely accurate to the best of my ability. I grant permission for Hartford Public Library to verify any and all information provided herein.

Signature _____ Date _____

OFFICE USE ONLY

Interviewed by _____ Approved by _____ Staff Contact _____

Assigned mentoring role (s): _____

Duration: Start date _____ End date _____

Parking Permit: Y N Year _____ Make _____ Model _____ Plate # _____ State _____

Tutortrac - Entered: Y N Centers _____ Reasons _____

Library Training Date _____ by _____

Subject Training _____ Date _____ by _____

Subject Training _____ Date _____ by _____

Evaluation needed for their program: Y N Resume on file: Y N

Notes: