

Saturday

500 Main Street, Hartford CT 06103 860-695-6300 860-722-6900 **Fax** www.hplct.org

Volunteer Application

	quired to successfully complete a background check prior to being
allowed to volunteer)	
Name	Date of Birth
Address	Home Phone
Cell Phone	Email Address
Employer	
Checking the appropriate when seeking funding	iate box below regarding your background will help us provide data
when seeking funding	· ·
Caucasian Black	Hispanic Native American Asian/Pac Islander
	ation completedd
Have you ever been c	convicted of a felony?
Is this volunteer servi	ce court-ordered? Yes No (If Yes, please explain)
What date are you ava	ailable to start volunteer service?
How many hours per	week can you volunteer?
What days (circle) an	d times (put in second column) are you available to volunteer? Note:
Only the Downtown	branch is open in the a.m.
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Branch preference:						
Albany	Barbour	Blue Hills	Camp Field	Downtown		
Dwight	Goodwin_	Mark Twai	n Park	Ropkins/SANDS		

Please check all that apply, I would you like to volunteer to assist:

Kids ____ Teens ____ Adults ____ Special Events____ Wherever I am most needed ____

Please list any special skills or experience you would like to offer:

Are you limited in any activities due to health issues? If so, please explain

Tell us why you want to volunteer at Hartford Public Library:

Thank you for your interest in being a volunteer at "a place like no other."

Return application, along with a copy of your driver's license or other government issued **ID**, to:

Hartford Public Library Development Office 500 Main Street Hartford, CT 06103-3075

For questions please call: Donna Haghighat Chief Development Officer 860-695-6296 Fax 860-722-6900