

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

Afternoon Achievers Volunteer Application

(All volunteers are required to successfully complete a background check prior to being allowed to volunteer)

Name	Date of Birth
Address	Home Phone
Cell Phone	Email Address
Employer	Work Phone

 Highest level of education completed ______

 Have you ever been convicted of a felony?______

Which day or days(circle) and times (put in second column) are you available to volunteer in person at one of our locations?

Monday	
Tuesday	
Wednesday	
Thursday	

Which **2** days(circle) and times (put in second column) are you available to volunteer virtually by checking in with your student(s) **via Skype or Google Hangout**?

Monday	
Tuesday	
Wednesday	
Thursday	

Please select which library location you would like to volunteer at (if no preference you can check all.

Albany Barbour Blue Hills Camp Field Downtown

Dwight ____ Goodwin ____ Mark Twain ___ Park ____ Ropkins/SANDS ___

Please list any special homework skills or experience you would like to offer (such as advanced math skills):

If this volunteer service is court ordered, please explain: