



LEDYARD PUBLIC LIBRARY

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VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

NAME _____ DATE _____

ADDRESS _____
Street City Zip

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DRIVER'S LICENSE NUMBER _____ STATE _____

AREA OF INTEREST FOR VOLUNTEERING

Please note that we are not accepting volunteers for children's programs at this time

Homebound Delivery*

Book Mending

Seed Library

General Volunteering

**Homebound delivery volunteers are required to provide a copy of their driver's license and proof of car insurance.*

PREVIOUS EXPERIENCE OR SPECIAL TRAINING/SKILLS: _____

REFERENCES

Name	Address	Phone #
1.		
2.		
3.		

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

BACKGROUND CHECK

Ledyard Public Library has the right to perform a background check on applicants before or at any time while they serve as a volunteer. The Ledyard Police Department may conduct an investigation, whereby information is obtained through personal interviews with neighbors, friends, or others with whom the applicant is acquainted. This inquiry, IF MADE, may include information as to the applicant’s character, general reputation, personal characteristics and mode of living. Ledyard Public Library does not accept court mandated community service.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years, which has not been annulled or expunged or sealed by a court? _____

If yes, describe in full detail: _____

Please read and sign:

The facts set forth in this form are true and complete. I understand that any false statements on this application may result in my dismissal. In completing this form, I am aware the Library may run a background check and/or ask the Ledyard Police Department to conduct an investigation.

Signature of Applicant