

Wells Public Library
STUDENT VOLUNTEER PROGRAM APPLICATION
(PLEASE PRINT)



Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____

Home Phone: _____ Email: _____

Type of Volunteer

Regular Library Community Service: _____
School/Organization

Days & hours available to volunteer at the Wells Public Library:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Mornings/Hours: _____ Afternoon/Hours: _____

If Community Service/Total Hours Needed _____ Deadline/Date: _____

Volunteer Experience: _____

Other Experience: _____

Education: _____

Special skills/interests: _____

Person to be called in case of emergency: _____ Phone: _____

Applicant's Signature _____ Date _____ (If Under 18) Parent's/Guardian's Signature - REQUIRED _____ Date _____

FOR LIBRARY USE ONLY

Date Interviewed: _____ Library Representative: _____

Starting Date: _____ Area / Activity: _____

RETURN TO: ALLISON HERMAN, HEAD OF YOUTH SERVICES, WELLS PUBLIC LIBRARY
PHONE: 207-646-8181, EMAIL: aherman@wellstown.org