



781 Blakely Road • Colchester, Vermont • 05446 • 802.264.5500

www.colchestervt.gov

Volunteer Application

Burnham Memorial Library • 802-264-5660 • burnhamlib@colchestervt.gov

Please return to Volunteer Coordinator

Contact Information:

Name: _____ DOB (under 18): _____
First Last Date of Birth

Street Address: _____

Applicant Email: _____ Applicant Phone: _____

Availability: *Fill out your available hours within the library's opening hours listed below.*

Library is open: Mon/Wed 10am-8pm, Tue/Thu/Fri 10am-6pm and Sat 9am-3pm.

| Mon | Tues | Wed | Thu | Fri | Sat |
|---------------|---------------|---------------|---------------|---------------|---------------|
| morning | morning | morning | morning | morning | morning |
| _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ |
| afternoon | afternoon | afternoon | afternoon | afternoon | afternoon |
| _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ | _____ - _____ |
| evening | | evening | | | |
| _____ - _____ | | _____ - _____ | | | |

I plan to offer _____ hours per month/ total. *Circle one.*

My volunteer service is part of a community service requirement.

Work Experience:

Position: _____ Employer/Agency: _____ Date(s): _____ - _____

Duties: _____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and placement by Burnham Library. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Signature: _____ Date: _____