

Burnham Memorial Library

Application for Volunteer Service

Please return to: Volunteer Coordinator, Burnham Memorial Library
898 Main Street, Colchester, VT 05446
802-264-5660 | burnhamlib@colchestervt.gov

☐ Check this box if your volunteer service is part of a community service requirement.

Name _____ Date _____

Address _____

Phone _____ Email _____

Date of Birth (if under 18) _____

Available Days? Monday Tuesday Wednesday Thursday Friday Times? Mornings Afternoon Evenings

Hours per month you would you like to volunteer _____

Work Experience Include volunteer and military experience. Use extra space on back of page if needed.

Most Recent or Current Job & Employer _____

_____ City/State _____

Previous Job & Employer _____

_____ City/State _____

Education (circle highest level): Elementary High School Technical School College Post-College

Degree or Professional Training in _____

Personal References (give two, preferably from the local community who are not family members.)

<u>Name of Reference</u>	<u>Phone/Email</u>	<u>Relationship</u>
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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 understand I will not be entitled to compensation for any services I provide.

Signature _____ Date _____