Volunteer Application

Name ___________________________________________ Date of Birth ______________
Address ___________________________________________________________________________
Home Phone _______________________ E-mail ________________________________
Emergency Contact & Phone _______________________________________________________

Community Service:
Are you seeking hours for court appointed community service? ___ Yes ___ No
If you answered Yes:
Total number of community service hours assigned _____
Total number of hours you’d like to serve at the Library _____
Deadline ___/___/___
Do you need confirmation of hours served in writing? ___ Yes ___ No

For Teens: **Those under the age of 18 must have their parent or guardian sign the application.**
Are you seeking hours for required community service for school or other organization? ___ Yes ___ No
If yes, how many hours _____
For what reason _____________________________________________________________
______________________________________________________________________________

Volunteer work preferred (please check all areas of interest):
_____ Shelving _____ AV Material Cleaning and Repair
_____ Adopt-a-Section (Shelf-Reading) _____ Cleaning Books/Dusting Shelves
_____ Hold Volunteer _____ Handyman
_____ Substitute Hold Volunteer _____ General Clerical
_____ Seasonal/Special Occasion Displays _____ Friends of the LaGrange Library

Please list any skills and special knowledge you have which might be beneficial to the library,
e.g. clerical, computer, working with children, etc. ____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(over)
Availability:
Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame? ________________________________________________________________
How many hours per week/month would you have to give to the Library? ______________________
Which days/times are you available to volunteer? ________________________________________

References (work, volunteer, personal):
Please give the names of three references who know of your interests and abilities.

Name Phone # Relationship
1. ______________________________________________________________________________
2. ______________________________________________________________________________
3. ______________________________________________________________________________

I understand that the LaGrange Library has the right to evaluate all applicants and will not accept a volunteer that would jeopardize the materials and services of the library or the safety of the library staff and patrons.
I understand that as a LaGrange Library volunteer I may come in contact with confidential information. I agree to protect this information in compliance with the New York State Civil Practice Law and Rules 4509 and will not divulge any information during or after my services as a volunteer.
I agree to abide by all library policies and understand that as a library volunteer I am a representation of the library and must portray a positive image at all times.

Applicant’s Signature ___________________________ Date ________________
Parent/Guardian Signature ___________________________ Date ________________