



West Hurley Public Library

Application to Volunteer

Thank you for your interest in becoming a volunteer at the West Hurley Public Library. We are proud of our volunteers, who give so generously of their time to the library.

Below is an application to become a volunteer at the West Hurley Public Library. Please complete and return this to the Director by mail or you can drop it off at the circulation desk. When we have a position available, we will contact you to schedule an interview.

PLEASE PRINT

Date _____

Name (Ms., Mr., Mrs.) _____

Home Address _____

City, State, Zip _____

Home Phone _____ email address _____

EDUCATION

Are you currently (circle one) Employed Retired Other _____

Are you currently a (circle one) College Student High School Student Other _____

Name of school/college you are attending: _____

Years you have completed _____

Hobbies or interests _____

VOLUNTEER EXPERIENCE

Please list your current or most recent volunteer experience:

Organization _____ From _____ To _____

Responsibilities _____

Other volunteer experiences _____

Why would you like to volunteer at the West Hurley Library _____

Will you be receiving school credit? YES ___ NO ___

Is this for court appointed community service? YES ___ NO ___

Number of hours of community service _____ By what date? _____

Name of your Probation Officer and/or District Justice _____



West Hurley Public Library

What is your availability?			
DAY	TIME	DAY	TIME
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Please check any in which you have experience		
<input type="checkbox"/> MS Word	<input type="checkbox"/> Dewey Decimal System	<input type="checkbox"/> Customer Service
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Telephone Etiquette
<input type="checkbox"/> MS Access	<input type="checkbox"/> Library Online Catalog	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Shelving	<input type="checkbox"/> Teaching/Instructing
<input type="checkbox"/> Internet Searching	<input type="checkbox"/> Audio Visual Equipment	

References: Please provide the names of two people, not related to you. To ensure a mutually satisfying volunteer experience, we recognize the value and uniqueness of each volunteer and connect each person with the Library's need. To assist the Library in matching people to the right volunteer position, the references you list may be contacted.

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone Number _____	Phone Number _____

My signature authorizes the West Hurley Public Library to verify any of the information on this application and to secure information from personal references. I authorize persons, previous employers and organizations named in this application to provide the West Hurley Public Library with any information relevant to my application to volunteer at the Library. I release all such persons from any liability regarding the use of this information.

<p>PERMISSION from parent or guardian REQUIRED for youth under 18 years of age: _____ has my permission to volunteer at the West Hurley Library. Age of Youth _____ Signature of Parent/Guardian _____ Date _____</p>
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Signature of Applicant _____ Date _____