



PLEASE PRINT

APPLICATION TO VOLUNTEER

Name _____ Date _____

Local Address _____
Street _____

City _____ State _____ Zip Code _____

Telephone Number (Day #) _____ (Evening #) _____

Email Address _____

Are you interested in volunteering at (circle one) Main Pine Hills Delaware
N. Albany Arbor/West Hill Howe Bach Howe

EDUCATION

Are you currently (circle one) Employed Retired Other _____

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

Name of school/college you are attending: _____

Years completed in school _____ List degrees or certificates you've received _____

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 Albany Public Library? _____

Will you be receiving school credit or meeting requirements for a graduation project? Yes No

Is this application for court appointed community service? Yes No Offense? _____

Number of hours of community service you are required to perform _____ By what date? _____

EMPLOYMENT

Please list your current or most recent employer:

Employer _____ From _____ To _____

Occupation _____

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/Instruction
<input type="checkbox"/>	Internet Searching	<input type="checkbox"/>	Audio Visual Equipment	<input type="checkbox"/>	Retail Sales

Have you ever been convicted of a crime (Felony)? Yes / No If Yes please explain:

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 needs. To assist the Library in matching people to the right volunteer position, the references you list are contacted.

NAME	RELATIONSHIP / COMPANY	TELEPHONE # / EMAIL

Permission from a parent or guardian **required** for youth under 18 years of age:

_____ has my permission to volunteer at the Albany Public Library.

Age of youth _____ Signature of parent/guardian _____ Date _____

My signature authorizes the Albany Public Library to verify any information on this application and to secure information from personal references. I authorize persons, previous employers and organizations named in this application to provide Albany 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.

Signature of Applicant _____ Date _____