

Volunteer Application

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, and physical or mental disability.

Name:	e: Today's Date:									
Address:			City:		_ State:	_ Zip:				
Phone:			Email:							
<u>Availability</u>										
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Why do you wa	nt to volunteer a	t the Albany Pub	olic Library?							
List any special :	skills, interests, or	hobbies that mig	ght apply at the lik	orary						
Which branch c	are you interested	d in volunteering	at? Arbor H	lill B	ach	Delaware				
			Howe	Washington	North Albe	any Pine Hills				
			<u>Education</u>							
Schoo	ol	Location	Years Atter	ided	Major	Degree/Diploma				
Are you applyi	ing for this positic	n to fulfill a com	munity service rec	juirement?	Yes	No				
If yes, for which	h organization? _									
How many vol	unteer hours are	required?				-				

Washington Ave. Branch \cdot 161 Washington Avenue, Albany, NY 12210 \cdot www.albanypubliclibrary.org

A conviction record will not necessarily prevent volunteer apportunity. The offense and how recently you were convicted evaluated in relation to the volunteer opportunity for which you are applying. References		No	Yes	e you ever been convicted of a crime? s, state date, location, nature, and dispos		
References Please provide at least one non-family reference that we may contact (i.e. school teacher, counselor, or supervisor) 1. Name/Employer:						_
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Address:	·)	school teacher, counselor, or supervisor)		se provide at least one non-family reference th	Please provi	Ple
Nature of Association (supervisor, friend, etc): 2. Name/Employer:		Title:		Name/Employer:	I. Name	1.
2. Name/Employer:		Phone:		ress:	Address:_	Ac
Address:				ure of Association (supervisor, friend, etc):	Vature of A	No
Nature of Association (supervisor, friend, etc):		Title:		Name/Employer:	2. Name	2.
Agreement & Signature 1. I affirm that the facts set forth in this application are true and complete to the best of my knowledge. It is stand that if am accepted as a volunteer, any false statements, omissions, or other misrepresentations may result in my immediate dismissal. 2. I understand that the Albany Public Library has the right to evaluate all applicants and will not accept a teer that would jeopardize the materials and services of the library or the safety of the library staff and possible to protect this information in compliance with the New York State Civil Practice Law and Rules 45 will not divulge any information during or after my services as a volunteer. 4. I agree to abide by all of the library's policies and procedures. 5. I understand that as a library volunteer I am representing the library and as such I must conduct myself is spectable manner at all times. 6. I give consent to the photography of my volunteer activities and authorize the use of said photographs tion picture footage, recording of videos and names for advertising, publicity, and commercial or other purposes. Person to notify in case of emergency: Name:		Phone:		lress:	Address:_	Ac
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		Date:		ature of parent/guardian:	Signature (Siç
tion to provide Albany Public Library with any information relevant to my volunteer application at the Library all such persons from any liability regarding the use of this information.	ecure infor- n this applica-	mation on this application and to seculoyers, and organizations named in the one of the Libra	ary to verify any informo ersons, pervious emplo information relevant to r	signature authorizes the Albany Public Libr ion from personal references. I authorize p to provide Albany Public Library with any	My signatu mation froi tion to prov	My me
Signature of Applicant: Date:		Date:		ature of Applicant:	Signature (Sic

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