



Albany
Public
Library

www.albanypubliclibrary.org

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: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Why do you want to volunteer at the Albany Public Library? _____

List any special skills, interests, or hobbies that might apply at the library. _____

Which branch are you interested in volunteering at? Arbor Hill Bach Delaware
Howe Washington North Albany Pine Hills

Education

School	Location	Years Attended	Major	Degree/Diploma

Are you applying for this position to fulfill a community service requirement? Yes No

If yes, for which organization? _____

How many volunteer hours are required? _____

Have you ever been convicted of a crime? Yes No

If yes, state date, location, nature, and disposition of the offense _____

A conviction record will not necessarily prevent volunteer opportunity. The offense and how recently you were convicted will be evaluated in relation to the volunteer opportunity for which you are applying.

References

Please provide at least one non-family reference that we may contact (i.e. school teacher, counselor, or supervisor)

1. Name/Employer: _____ Title: _____

Address: _____ Phone: _____

Nature of Association (supervisor, friend, etc): _____

2. Name/Employer: _____ Title: _____

Address: _____ Phone: _____

Nature of Association (supervisor, friend, etc): _____

Agreement & Signature

1. I affirm that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by myself 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 volunteer that would jeopardize the materials and services of the library or the safety of the library staff and patrons.
3. I understand that as an Albany Public 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.
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 in a respectable manner at all times.
6. I give consent to the photography of my volunteer activities and authorize the use of said photographs or motion picture footage, recording of videos and names for advertising, publicity, and commercial or other business purposes.

Person to notify in case of emergency:

Name: _____ Phone: _____

Relationship to volunteer: _____

Permission from a parent/guardian and working papers are required for youth ages 14 through 17.

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, pervious employers, and organizations named in this application to provide Albany Public Library with any information relevant to my volunteer application at the Library. I release all such persons from any liability regarding the use of this information.

Signature of Applicant: _____ Date: _____