

# Volunteer Application



## Albany Public Library

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Which APL branch are you interested in volunteering at? \_\_\_\_\_

Why do you want to volunteer at APL? \_\_\_\_\_

What skills and qualities do you feel you have to contribute to APL?

*Please check all that apply and explain further:*

- Customer Service \_\_\_\_\_
- Teaching \_\_\_\_\_
- Technology \_\_\_\_\_
- Experience working with vulnerable populations (e.g. children, the elderly, people with mental illness) \_\_\_\_\_
- Another Language \_\_\_\_\_
- Specific Skills you wish to share (e.g. Photoshop, painting, knitting) \_\_\_\_\_
- Data Entry \_\_\_\_\_
- Other \_\_\_\_\_

*Please continue to other side for agreement & signature.*

**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 me on this application may result in my immediate dismissal.*
2. *I understand that 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 a Albany Public Library volunteer I may come in contacted 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 library's policies and procedures.*
5. *I understand that as a library volunteer I am a 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 still photographs or motion picture footage, recording of voices and names for advertising, publicity, commercial or other business purpose.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ has my permission to volunteer at Albany Public Library.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to your nearest Albany Public Library branch or to:

**Volunteer Coordinator**  
Albany Public Library  
161 Washington Avenue  
Albany, NY 12210  
[volunteer@albanypubliclibrary.org](mailto:volunteer@albanypubliclibrary.org)