



VOLUNTEER APPLICATION FORM

Name:

Address:

Phone:

Email:

Contact Person (In case of emergency):

Phone number of contact person:

For Adult Volunteers: Please list skills or experience that might be beneficial to the library (including prior volunteer work.)

For Student Volunteers:

School Name:

Grade:

Age:

Indicate the days and times you would be available to volunteer.

Monday ___am ___pm Tuesday ___am ___pm Wednesday ___am___pm Thursday ___am___pm

Friday ___am ___pm Saturday (Children’s Room) __am __pm

References:

Name_____ Email_____ Phone_____

Name_____ Email_____ Phone_____

Indicate the department you would like to volunteer.

Adult Services/ Reference

Adult Services/Technical Services

Teen Room

Children's Room



AGREEMENT:___

Thank you for your interest in being a volunteer at the Nyack Library. While this is an unpaid position, the staff and patrons will be relying on you to cover your slot. We ask that you commit to an agreed upon schedule. If you are unable to report for your scheduled time, please inform your supervisor with as much notice as possible. If there is a last minute change, call the library at 845-358-3370 and ask to speak to someone in the Department where you are assigned.

If I am under the age of 18, I understand that I need to get parental consent prior to starting as a volunteer.

If I am 18 years of age or older, I understand and agree to a background check clearance prior to starting as a volunteer.

Applicant Signature:_____ Date:_____

Thank you in advance for all of your hard work! The Nyack Library truly appreciates your time and effort. Without you, we would be unable to implement the type of quality programs that we envision. We hope that you enjoy this experience!

Staff Use Only

Department Assigned to Volunteer

Schedule

Staff Member Accepting Application

