



62 Chestnut Street, Oneonta, NY 13820 607.432.1980

Library Volunteer Application Form

Date -

Name _____

Street _____

City/State/Zip _____

Phone _____ E-Mail _____

Age (if under 18) _____

Previous Work, Volunteer, or Computer Experience

How many hours do you wish to work each week? _____

Which days? _____

What types of work are you interested in doing at the library?

Emergency contact _____

Address _____

Phone _____

Have you ever been convicted, pleaded guilty or no contest to a misdemeanor or felony?

Yes _____ No _____

Please explain:

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Huntington Memorial Library from any liability for supplying such information.

I understand that Huntington Memorial Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicant's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

(Required if the applicant is under age 18.)