

# Volunteer Application

## Lodi Library

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

**Community Service:**

Are you seeking hours for court appointed community service? \_\_\_ Yes \_\_\_ No

If you answered Yes:

Total number of community service hours assigned \_\_\_\_\_

Total number of hours you'd like to serve at the Library \_\_\_\_\_

Deadline \_\_\_/\_\_\_/\_\_\_

Do you need confirmation of hours served in writing? \_\_\_ Yes \_\_\_ No

**For Teens:**

***Those under the age of 18 must have their parent or guardian sign the application.***

Are you seeking hours for required community service for school or other organization?

\_\_\_ Yes \_\_\_ No

If yes, how many hours \_\_\_\_\_

For what reason \_\_\_\_\_

\_\_\_\_\_

**Volunteer work preferred (please check all areas of interest):**

<input type="checkbox"/> Shelving	<input type="checkbox"/> General Clerical / Desk
<input type="checkbox"/> Shelf-Reading	<input type="checkbox"/>
<input type="checkbox"/> Special Occasions	<input type="checkbox"/>
<input type="checkbox"/> Cleaning / Dusting	<input type="checkbox"/>
<input type="checkbox"/> Program Leader	<input type="checkbox"/>

Please list any skills and special knowledge you have which might be beneficial to the library, e.g. clerical, computer, working with children, etc. \_\_\_\_\_

\_\_\_\_\_

(over)

**Availability:**

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame? \_\_\_\_\_

How many hours per week/month would you have to give to the Library? \_\_\_\_\_

Which days/times are you available to volunteer? \_\_\_\_\_

**References (work, volunteer, personal):**

Please give the names of three references who know of your interests and abilities.

Name Phone # Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that the Lodi 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. This may include but not be limited to a background check performed by the Seneca County Sheriff's Office.

I understand that as an Lodi 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.

I agree to abide by all library policies and understand that as a library volunteer I am a representation of the library and must portray a positive image at all times.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_