



Volunteer APPLICATION



Phone:

Cell _____

Home _____

Date of App. ____ / ____ / ____

Name _____ **Date of Birth** ____ / ____ / ____
Last First Middle Initial

Street _____ **City** _____

State _____ **Zip Code** _____ **Email** _____

PARENT/GUARDIAN CONSENT - Required for all volunteers 12 - 17 years of age:

I give permission for my child/ward to volunteer at Crandall Public Library for a maximum of: _____ hrs/wk.

Parent/Guardian Signature

Cell

Home Phone

YEARLY BACKGROUND CHECK CONSENT - Required for all volunteers 18 years of age and over:

Crandall Public Library has my permission to run a yearly background check on me so that I may volunteer.

Applicant Signature

Social Security Number

Place of employment or school _____ **Position/Title** _____

Do you have any physical limitations? If so, please list _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation or are you currently facing charges? Yes No **If yes, please explain** _____

Special Interests _____

Skills _____

Do you have a Crandall Public Library card? Yes No **Are you a frequent patron?** Yes No

Do you have prior volunteer experience? Yes No **If yes, please list experience below**

Are you volunteering: By yourself? With a group? If so, list group _____

Why are you interested in volunteering? (Check all that apply and explain.)

- For experience _____
- For community service _____
- To support the Library _____
- Interest in a Library event or program _____
- Other _____

In what areas are you interested in volunteering? (Check all that apply.)

- Children's Department
- Reference Department
- Programs/Events
- Other _____
- Teen Department
- Circulation Department
- Folklife Center _____

How many hours per month are you willing to commit to Crandall Public Library? _____

Days/Times Available:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Any _____
- Saturday _____
- Sunday _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Please list two references (other than relatives, who are in a position to attest to your character and ability)

1. Name _____ Phone _____

What is your relationship to this individual? _____

1. Name _____ Phone _____

What is your relationship to this individual? _____

Mail completed form to:

Volunteer Coordinator, Crandall Public Library, 251 Glen Street, Glens Falls, New York 12801 or fax to: 518-792-5251.
For more information call 518-792-6508, ext. 282.

For Office Use Only

Applicant contacted by: _____ Date _____

Interview completed by: _____ Date _____

Form of identification (photo ID or other) copied and attached. _____ (initial)

Application Forwarded to:

- Children's Department
- Reference Department
- Programs/Events
- Other _____
- Teen Department
- Circulation Department
- Folklife Center _____

Background check approved: Yes No Date _____