



**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle Home Other

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Current 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 so, please explain \_\_\_\_\_

Are you volunteering:  By yourself?  With a group? If so, what 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
- Circulation Department
- Programs/Events
- Reference Department
- Folklife Center
- Mailings

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

Do you prefer  regularly scheduled hours? or  as-needed assignments?

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Other

Please list two references.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

What is your relationship to this individual? \_\_\_\_\_

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

What is your relationship to this individual? \_\_\_\_\_

Crandall Public Library  
251 Glen Street  
Glens Falls, New York 12801  
Phone: 518-792-6508  
Fax: 518-792-5251

**For Office Use Only**

Applicant contacted by: \_\_\_\_\_ Date \_\_\_\_\_

Interview completed by: \_\_\_\_\_ Date \_\_\_\_\_

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

Job Assignment(s) \_\_\_\_\_

Copy of application given to appropriate dept. head. \_\_\_\_\_ (initial)