



APPLICATION

Date of Application _____ / _____ / _____ Date of Birth _____ / _____ / _____

Name _____ Phone _____
Last First Middle Initial Home Other

Street _____ Email _____

City _____ State _____ Zip Code _____

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

I give permission for the above applicant to volunteer at Crandall Public Library for a maximum of _____ hours per week. If you need to reach me, my telephone number is _____.

Parent/Guardian Signature

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 Reference Department Programs/Events
 Teen Department Circulation 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 (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? _____

Return completed form to:

Volunteer Coordinator
Crandall Public Library
251 Glen Street
Glens Falls, New York 12801
Phone: 518-792-6508, ext. 261
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)

Application Forwarded to:

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

Days/Times Available:

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