



**APPLICATION**



Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle Initial Home Cell

Street \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT/GUARDIAN CONSENT - Required for all 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

**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.

\_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant 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       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 \_\_\_\_\_