



FLUVANNA FREE LIBRARY

3532 Fluvanna Avenue Ext
Jamestown, NY 14701

Library Volunteer Application

Thank You for your interest in becoming a Library volunteer. You will be contacted by a staff member for a brief interview. If you are aged 13-17, a parent or guardian's signature is required.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City/State: _____ Zip: _____

Phone: (H): _____ (W): _____ (Cell): _____

(E-mail): _____ Month and Day of Birth: ____/____

Volunteering Opportunities

We offer a wide variety of opportunities for volunteers starting at one hour per week and we offer volunteer training.

Please feel free to choose opportunities that interest you.

- | | | | |
|-------------------|--------------------------|--------------------|------------------|
| Circulation Desk | Adult Crafts | Social Media | Book Sale |
| Filing | Story Hour | Grant Writing | Book Sale Set-up |
| Shelving Books | Reading Programs | Maintenance | Bake Sale |
| Book Processing | Senior Outreach Programs | Dusting Shelves | Bazaar Kitchen |
| Book Club | Public Relations | Building & Grounds | Bazaar Set-up |
| Children's Crafts | | | |

Tell Us About Yourself?

What Skills do you have that can benefit your experience at the library?

How did you find out about the library's volunteer program? _____

Are there any physical limitations which we need to accommodate? _____

Past or present educational information

School Name:

Degree:

Major:

Special Studies:

Languages you speak other than English: _____

Past or Present Employment Information)

Are you currently employed? Yes _____ No _____ Part-Time _____ Full-time _____

Employer: _____ Occupation/Title: _____

Duties: _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday (check all that apply)

Mornings _____

Afternoons _____

Evenings _____

Volunteer Experience: Have you had previous volunteer experience? Yes _____ No _____

If so, where and what was your task?

Emergency Contact Person:

Name: _____ Phone: _____ Relationship: _____

Have you been convicted of or pled guilty to a felony or misdemeanor, other than a minor traffic violation?

(Conviction or plea will not necessarily disqualify an applicant). _____ Yes _____ No

If yes, please explain. _____

Please sign below when you have read and understood this statement.

I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature: _____ Date: _____

My son or daughter has my permission to volunteer at the Fluvanna Free Library.

Parent/Guardian's Signature: _____ Date: _____

(Required if applicant is under 18)