



---

143 Genesee Street ♦ Avon, NY 14414 ♦ Phone: 585-226-8461 ♦ Fax: 585-226-6615

## Volunteer Application

---

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

---

|                |            |          |
|----------------|------------|----------|
| Street Address | City/State | Zip Code |
|----------------|------------|----------|

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age & Grade Level (if younger than 18): \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

---

[ ] School Requirement: How Many Hours \_\_\_\_\_ Date to Complete \_\_\_\_\_

[ ] Community Service: Agency \_\_\_\_\_

Contact name/Phone \_\_\_\_\_

Describe your skills and talents: \_\_\_\_\_

---

Describe your work or volunteer experience: \_\_\_\_\_

---

Please list below any physical limitations you may have (extended sitting, standing, lifting, etc.):

---

What type of library volunteer activities interest you?

---

---

**AVAILABILITY:**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

Preferred number of hours per week \_\_\_\_\_

On Call? (y/n) \_\_\_\_\_ Flexible? (y/n) \_\_\_\_\_

**REFERENCES:** (other volunteer experiences – church, school, hospital, etc.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Guidelines: Volunteers must be 13 years of age or older. Volunteers under 18 will need a parent or guardian signature. Volunteer placements depend on matching current needs of the library with the volunteer's skills and experience. Some volunteer positions may require further orientation, training, or supervision. Volunteers will record their hours. Volunteers should call the library if they cannot come in for their scheduled time. If a volunteer must end their service, they should notify the library as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18):

\_\_\_\_\_ Date: \_\_\_\_\_