



488 Freedom Plains Rd., Suite #109  
 Poughkeepsie, NY 12603  
 (845) 452-3141  
 www.laglib.org

Fax: (845) 452-3141  
 Email: lagrangelibrary@laglib.org

## LaGrange Library Volunteer Application

Name			Date of Application	
Street Address				
City			State	Zip Code
Phone Number	Email address		Date of Birth	
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone
Have you ever worked in a library before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a library card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you seeking hours for court appointed community service? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please fill out the information on the next line.				
Number of community service hours assigned	Number of hours you'd like to serve at the Library	Date your community service needs to be completed by		Do you need written confirmation of hours served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you seeking hours for community service for school or other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please fill out the information on the next line and have your parent or guardian sign the application.		
Number of hours	Date your community service needs to be completed by	Reason for community service		
List your interests and skills				
Days and times you're available				

I understand that the LaGrange Library has the right to evaluate all applicants and will not accept a volunteer that would jeopardize the materials and services of the library or the safety of the library staff and patrons.

I understand that as a LaGrange Library volunteer I may come in contact with confidential information. I agree to protect this information in compliance with the New York State Civil Practice Law and Rule 4509 and will not divulge any information during or after my services as a volunteer.

I agree to abide by all library policies and understand that as a library volunteer I am a representation of the library and must portray a positive image at all times.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_