



**LaGrange Association Library**  
 488 Freedom Plains Rd.  
 Poughkeepsie, NY 12603  
 (845) 452-3141 www.laglib.org

## Volunteer Application

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

**Volunteer work preferred (please check all areas of interest):**

- |   |   |
|---|---|
| <input type="checkbox"/> Shelving<br><input type="checkbox"/> Adopt-a-Section (Shelf-Reading)<br><input type="checkbox"/> Data Entry<br><input type="checkbox"/> Seasonal/Special Occasion Displays<br><input type="checkbox"/> Material Processing<br><input type="checkbox"/> Library Historian | <input type="checkbox"/> AV Material Cleaning and Repair<br><input type="checkbox"/> Cleaning Books/Dusting Shelves<br><input type="checkbox"/> Handyman<br><input type="checkbox"/> General Clerical<br><input type="checkbox"/> Friends of the LaGrange Library<br><input type="checkbox"/> Other _____ |
|---|---|

Please list any skills and special knowledge you have which might be beneficial to the library, e.g. clerical, computer, working with children, etc.

**Availability:**

- Would you prefer to have a regular work schedule or work on special projects within a more flexible time frame?
- How many hours per week/month would you have to give to the library?
- Which days/times are you available to volunteer?

**References (work, volunteer, personal):**

Please give the names of three references who know of your interests and abilities.

	Name	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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