



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

Volunteer Application

Name _____ Date of Birth _____

Address _____

Home Phone _____ E-mail _____

Emergency Contact & Phone _____

Community Service:

Are you seeking hours for court appointed community service? Yes No

If you answered Yes:

Total number of community service hours assigned _____

Total number of hours you'd like to serve at the Library _____

Deadline ___/___/___

Do you need confirmation of hours served in writing? Yes No

For Teens:

Those under the age of 18 must have their parent or guardian sign the application.

Are you seeking hours for required community service for school or other organization?

Yes No

If yes, how many hours _____

For what reason _____

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

- | | |
|---|--|
| <input type="checkbox"/> Shelving | <input type="checkbox"/> AV Material Cleaning and Repair |
| <input type="checkbox"/> Adopt-a-Section (Shelf-Reading) | <input type="checkbox"/> Cleaning Books/Dusting Shelves |
| <input type="checkbox"/> Hold Volunteer | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Substitute Hold Volunteer | <input type="checkbox"/> General Clerical |
| <input type="checkbox"/> Seasonal/Special Occasion Displays | <input type="checkbox"/> Friends of the LaGrange Library |

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 with 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.	_____	_____	_____

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 Rules 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/Guardian Signature _____ Date _____