



**Daniel Pierce Library**

**Volunteer Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

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

\_\_\_ Yes \_\_\_ No      If yes, how many hours \_\_\_\_\_

For what reason \_\_\_\_\_

Which days/times are you available to volunteer? \_\_\_\_\_

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

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| _____ Shelving                        | _____ Help processing/covering books |
| _____ Adopt-a-Section (Shelf-Reading) | _____ Children's Program Volunteer   |
| _____ Cleaning Books/Dusting Shelves  | _____ Assist at Circulation Desk     |
| _____ Gardening                       | _____ Other _____                    |

**Availability:**

Would you prefer to have a regular work schedule or work on special projects/events with a more flexible time frame: \_\_\_\_\_

How many hours per week/month would you have to volunteer? \_\_\_\_\_

Which days/times are you available? \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that as a Daniel Pierce 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. I understand that as a library volunteer I am a representative of the library and will portray a positive image and dress appropriately at all times.

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

**Volunteers under the age of 18 must have a parent/guardian sign this application.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_