



6064 SOUTH MAIN STREET
P.O. BOX 69
SANDY CREEK, N.Y. 13145
PHONE: 315-387-3732
FAX: 315-387-2005
EMAIL: scrib@ncls.org

Volunteer Application

Please print clearly and complete each section.

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

E-mail: _____

Emergency Contact & Phone: _____

For Children and Teens:

Those under the age of 18 must have their parent or guardian sign the application. A responsible adult must accompany volunteers under the age of 13 while on duty.

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

___ Yes ___ No

If yes, how many hours _____

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

For what reason? (e.g., Graduation requirement, National Honor Society, Scouts, etc.)

Court Appointed Community Service:

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

If you answered, "Yes," please answer the following four questions:

1. Total number of community service hours assigned _____
2. Total number of hours you'd like to serve at the Library _____
3. Deadline ___/___/___
4. Do you need confirmation of hours served in writing? ___ Yes ___ No

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

- | | |
|--------------------------------|----------------------------------|
| ___ Assisting with events | ___ Preparing handouts |
| ___ Assisting with programming | ___ Preparing items for discard |
| ___ Cleaning | ___ Shelving |
| ___ Emptying book drops | ___ Trash removal/Recycling |
| ___ Watering plants | ___ Other (Please specify below) |

***A note to volunteers assisting with programming or events:** If a volunteer wishes to provide his or her own supplies for an event or program, the Library will not reimburse the volunteer for the supplies. If there are any leftover supplies provided by the volunteer, the volunteer may take the supplies with them or donate them to the Library. The Library Director

will not purchase/provide volunteers with any additional supplies that the Library does not already have in its possession.

Please list any skills and special knowledge you have which might be beneficial to the Library, (i.e.: clerical, computer, working with children, special talent, instructional experience, etc.).

Availability:

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame? _____ Regular _____ Flexible _____ Both

Which days/times are you available to volunteer? Check all that apply.

	Monday	Tuesday	Thursday	Friday	Saturday
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					

References (Required for persons 13 and over.):

Please give the names of two references who know of your interests and abilities. (Work, school, and/or previous volunteer references preferred.)

Name, Phone #, Email, & Relationship

1. _____

2. _____

Required Training:

Volunteers **age 18 and over** are required to complete New York State Mandated Sexual Harassment Training annually. Sexual Harassment training is a one-hour self-paced online training on various forms of sexual harassment. A copy of the certificate must be given to the Library Director upon completion.

Please sign below when you have read and understood all of the information presented regarding volunteers at the Annie Porter Ainsworth Memorial Library.

I understand that the Annie Porter Ainsworth Memorial Library (APAML) has the right to evaluate all applicants according to its Volunteer Policy and Guidelines. Any release of patron or staff information is a violation of the federal "Privacy Act" law.

I understand that as an APAML 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.

I understand that I will not be compensated in any way as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if the applicant is under the age of 18.)