Morrisville Public Library Volunteer Application Form

Thank you for your interest in volunteering. The information on this form will be used to help determine a volunteer assignment which will be well suited to your background and interests and availability. Please complete all questions and sign the form before submitting.

Name	Date
Address	
City/State/Zip	Home Phone
Work Phone Cell Phone_	
Age Group (circle one): 14-18 19-30 31-59 60+	
Emergency Contact NameRelationship	Phone
You must be at least 14 to volunteer. Volunteers under 18 must have a p section on the reverse side of this application. Age if under 18 Do you have any medical conditions the library should be aware of?	parent/guardian complete the consent
Have you ever been convicted of a crime? Yes No If yes, please give a short explanation outlining the circumstances of your conviction indicating date, in traffic violations or convictions sealed or annulled by the court). Convictions will not necessarily disquapplying.	
Occupation and/or Education: Circle the highest grade completed 9, 10, 11, 12 College/Graduate School Current and/or former Occupation Employer Are you a student? Yes No Which school do you attend?	
References: List two employers, supervisors, teachers or non-relatives w	ve may contact for reference.
Name	Phone
Name	Phone
Skills: Do you know how to use a computer? Yes No Are you familiar with: Internet Microsoft Word Microsoft Ex What special interests and/or skills do you have that may help us match y	

Which volunteer opportuni	ties most interest you? Please check all that apply.		
Children's Programming	Computer Training Book Mending Working with Young Adults		
□Adult Programming □A	dvocacy for Libraries 🛛 Light Cleaning 🔤 Creating displays & bulletin boards		
□ Clerical tasks-filing, answering phones, organization □ Library Board Member □ Friends of the Library			
Other			

Time Commitment: Most volunteer positions at the library require an on-going commitment of 3-months or more. Special projects <u>may</u> be available for less than a 3-month commitment. Please tell us how long you would like to commit to a volunteer job.

\Box 3 months	\Box 6 months	\Box 9 months (a school year)	\Box One year	□On-going

Summer (July 1-August 31) Other, please specify_____

When are you available? Please specify hours for all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Closed		Closed		Closed	
Afternoon						
Evening						Closed

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission which becomes known to the Morrisville Public Library may result in my immediate dismissal. I agree that I will work within my assigned areas of responsibility without any monetary compensation. I will follow the lawful directions of the Library Manager while working for the Morrisville Public Library to the same extent as paid employees.

Date

Applicant Signature______

Parent/Guardian Consent (for volunteers under the age of 18) I give permission for the above applicant to volunteer at the Morrisville Public Library for a maximum of			
hours per week (three hours minimum). Evening	If you need to reach me, my phone number is Day and Cell		
Parent/Guardian Signature	Date	_	

Please return completed application to the Library Manager, Morrisville Public Library, PO Box 37, Morrisville NY 13408.