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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 interest and availability.

Name _____

Address _____

Phone _____ E-mail _____

How would you like to be contacted? Call me E-mail me

Please list any health or behavioral concerns of which the library should be aware.

Volunteers under the age of 18:

Date of Birth _____ Parent Phone Number _____

Parent Name _____

Parent Signature _____

Please mark any skills or interest areas you have in the list below.

<input type="checkbox"/> Arts and Crafts Preparation	<input type="checkbox"/> Landscaping/Gardening	<input type="checkbox"/> Clerical
<input type="checkbox"/> Building Cleaning & Maintenance	<input type="checkbox"/> Assisting in Children's Programs	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Organizing Books	<input type="checkbox"/> Cleaning Books for Book Sale	

Please mark your availability in the chart below. If desired, list specific times of availability.

	Monday (9:30 AM- 8:00 PM)	Tuesday (9:30 AM- 8:00 PM)	Wednesday (9:30 AM- 8:00 PM)	Thursday (9:30 AM- 5:30 PM)	Friday (9:30 AM- 5:30 PM)	Saturday (9:30 AM- 5:30 PM)
Morning						
Afternoon						
Evening						

How many hours per week would you like to volunteer? _____

Please list the main reason you want to volunteer at Dunham Public Library. _____

Emergency Contact Name _____

Relationship _____ Phone _____

I hereby certify that I have answered truthfully & have not knowingly withheld any information relative to my application. I agree and understand any omissions on the application will result in my being eliminated from current or further consideration. I understand that, if accepted, any misrepresentation or material omission which becomes known to Dunham Public Library may result in my immediate dismissal. I agree that I will work within my assigned areas of responsibility (1) with no expectation of monetary or other compensation, (2) with the understanding that I am not covered by medical, health, accident, disability or worker's compensation. I further understand that my volunteer position may be terminated at any time, for any reason agreed upon by library staff.

Signature _____ Date _____