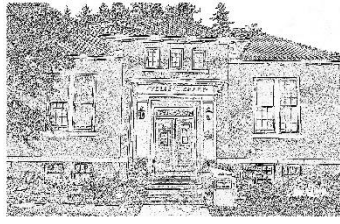


Richfield Springs Public Library



Serving our neighbors since 1910.

102 Main St, PO Box 1650, Richfield Springs, NY 13439 • (315) 858 - 0230

Library Volunteer Application Form

Date: _____

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Age (if under 18) _____

Previous Volunteer Work, Skills, and Computer Experience:

How many hours do you wish to work each week? _____

Which days? _____

What types of work are you interested in doing at the library?

Emergency contact: _____

Address: _____

Phone: _____

Have you ever been convicted, pleaded guilty or no contest to a misdemeanor or felony?

Yes _____ No _____

Please explain:

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Richfield Springs Public Library from any liability for supplying such information.

I understand that Richfield Springs Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services 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 age 18.)