



APPLICATION

Date of Application _____/_____/_____

Date of Birth _____/_____/_____

Name Last _____ First _____ Middle Initial _____ **Phone** Home _____ Other _____

Street _____ **Email** _____

City _____ **State** _____ **Zip Code** _____

PARENT/GUARDIAN CONSENT - Required for volunteers 12 - 17 years of age:

I give permission for the above applicant to volunteer at Crandall Public Library for a maximum of _____ hours per week. If you need to reach me, my telephone number is _____.

Parent/Guardian Signature

Current place of employment or school _____ **Position/Title** _____

Do you have any physical limitations? If so, please list _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation or are you currently facing charges? Yes No If yes, please explain _____

Special Interests _____

Skills _____

Do you have a Crandall Public Library card? Yes No **Are you a frequent patron?** Yes No

Do you have prior volunteer experience? Yes No If so, please explain _____

Are you volunteering: By yourself? With a group? If so, what group? _____

Why are you interested in volunteering? (Check all that apply and explain.)

- For experience _____
- For community service _____
- To support the Library _____
- Interest in a Library event or program _____
- Other _____

In what areas are you interested in volunteering? (Check all that apply.)

- Children's Department Reference Department Programs/Events
 Teen Department Circulation Department Folklife Center

Background checks are required of volunteers (18 and over) working in the Children's Department.

I give permission for Crandall Public Library to run a background check on me so that I may volunteer in the Children's Department.

Applicant Signature

Social Security Number

How many hours per month are you willing to commit to Crandall Public Library? _____

Do you prefer regularly scheduled hours? or as-needed assignments?

Days/Times Available:

- Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Any
 Saturday _____ Sunday _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____
Home Other

Please list two references (other than relatives, who are in a position to attest to your character and ability)

1. Name _____ Phone _____

What is your relationship to this individual? _____

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What is your relationship to this individual? _____

Return completed form to:

Volunteer Coordinator, Crandall Public Library, 251 Glen Street, Glens Falls, New York 12801
Phone: 518-792-6508, ext. 282 Fax: 518-792-5251

For Office Use Only

Applicant contacted by: _____ Date _____

Interview completed by: _____ Date _____

Form of identification (photo ID or other) copied and attached. _____ (initial)

Application Forwarded to:

- Children's Department Reference Department Programs/Events
 Teen Department Circulation Department Folklife Center

Background check for Children's Department approved: Yes No Date _____