

SAUGERTIES PUBLIC LIBRARY

91 Washington Avenue, Saugerties, NY 12477 • (845) 246-4317 • Fax: (845) 246-0858
www.saugertiespubliclibrary.org

VOLUNTEER APPLICATION

Name _____ Phone _____

Address _____

Date of Birth ___/___/___ Driver's License # _____ State issued _____

Place of Employment/School _____ Position _____

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

Special Interests/Skills _____

Do you have a Saugerties Public Library Card? _____ Are you a frequent patron? _____

Do you have prior volunteer experience? _____ If yes, please explain _____

Why are you interested in volunteering? _____

In what areas are you interested in volunteering? _____

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

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

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Please list two references:

1. Name/Position _____ Phone _____

What is your relationship to this individual? _____

2. Name/Position _____ Phone _____

What is your relationship to this individual? _____

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian, if applicant is under 18 _____ Date _____