



Albany County Public Library Volunteer Information Form

Date _____

Personal Information

Name (last, first, middle) _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth (year optional if over 18) _____

Volunteers under 18 must have a parent/guardian complete the consent section on the reverse side of this application.

Emergency Contact Information

Full Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

Employment/Student Information

student employed not employed not employed at this time retired

Employer/School _____

Street Address _____

Previous volunteer experience (if applicable) _____

Please list two references who could vouch for your work skills and abilities

1) Name: _____

Address: _____

Relationship to you: _____

2) Name: _____

Address: _____

Relationship to you: _____



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Hobbies, interests, skills _____

Please take a look at the attached list of volunteer positions available. Which ones are you interested in? _____

Are there any types of work you would not want to do? (examples: standing, lifting, working with the public, driving) _____

Are you familiar with: Internet Word Excel

Other Programs? _____

What language(s) other than English do you speak and/or write with fluency?

I would like to work:

- _____ hours weekly
- with one-time projects
- mornings
- afternoons
- evenings
- weekends
- anytime
- no ending date (or: end by _____)

I have the following skills:

- library experience
- bookkeeping
- carpentry
- computer experience
- gardening
- typing
- scrapbooking or crafting
- planning programs

How did you hear about volunteering at the library?

Have you ever been convicted of any criminal offense? yes no

If yes, please explain _____

I understand and agree that a background check could be required before placement in any sensitive volunteer position. I certify that the answers contained in this application are true and complete to the best of my knowledge. If my offer is accepted, I will not be entitled to compensation for any services I provide. By signing this, you are also waiving your right to hold the ACPL liable for any injury or loss suffered by you.

Signature _____

(Qualified volunteers will be considered without regard to race, creed, gender, disability, religion, or sexual orientation)



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Parent/Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Albany County Public Library for a maximum of _____ hours per week.

Day Phone _____ Evening Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____

Print Name _____

Medical Information (in case of emergency; this will not impact your ability to volunteer although please let us know if there are any physical conditions that should be taken into consideration)

Medications _____

Conditions _____