Daniel Pierce Library
Volunteer Application

328 Main Street | P.O. Box 268
Grahamsville, New York 12740-0268 | 845-985-7233
dpl@rcls.org • www.danielpiercelibrary.org

Name: _____ Date: _____

Address: _____

Contact Number: _____ Email Address: _____

Preferred Contact Method: Email or Phone

Why would you like to volunteer at the DPL? _____

_____

_____

Do you have a specific number of volunteer hours you need to complete? Yes or No

If so, how many? _____

Which volunteer opportunities are you interested in? (check all that apply)

- o Shelving

- o Special Events/Program

- o Book Collection

- o Book Processing

- o Crafts

- o Technology

- o Circulation

- o Marketing

- o Other (please explain) _____

If you have any special skills or specific interests feel free to list them here: _____

_____

_____

What days are you available?

Monday   Tuesday   Wednesday   Thursday   Friday

Are you available (check all that apply)

- o Year Round
- o Seasonally
- o For Special Events/Programs

Emergency Contact

Name: _____

Phone Number: _____

Relationship: _____

Volunteer Agreement:

By completing this application, I hereby certify, understand, and agree that as a volunteer of the Daniel Pierce Library I agree to abide by the policies, procedures and code of conduct. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I am applying for a position as a volunteer, as that term is defined by the Fair Labor Standards Act, that any services I may provide to Daniel Pierce Library will be rendered solely in my capacity as a volunteer. Furthermore, I understand and agree that I am not eligible to receive any monetary payment or reward and am volunteering free from coercion or duress.

- o I agree
- o I disagree

Applicant Name (printed): _____ **Date:** _____

Signature: _____

VOLUNTEERS UNDER THE AGE OF 18 MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT AND/OR LEGAL GUARDIAN

I am the parent and/or legal guardian for, a minor. I hereby give my permission for him/her to perform volunteer services for the Daniel Pierce Library.

Name (printed):_____ **Date:** _____

Signature: _____