

**Daniel Pierce Library  
Volunteer Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Contact & Phone \_\_\_\_\_

**For Teens:**

***Those under the age of 18 must have their parent or guardian sign the application.***

Are you seeking hours for required community service for school or other organization?

\_\_\_ Yes \_\_\_ No

If yes, how many hours \_\_\_\_\_

For what reason \_\_\_\_\_

Which days/times are you available to volunteer? \_\_\_\_\_

**Volunteer work preferred (please check all areas of interest):**

- \_\_\_ Shelving
- \_\_\_ Adopt-a-Section (Shelf-Reading) \_\_\_ Cleaning Books/Dusting Shelves
- \_\_\_ Gardening
- \_\_\_ Help processing/covering books
- \_\_\_ Children's Program Volunteer
- \_\_\_ Assist at Circulation Desk
- \_\_\_ Other \_\_\_\_\_

**Availability:**

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame? \_\_\_\_\_

How many hours per week/month would you have to volunteer? \_\_\_\_\_

Which days/times are you available? \_\_\_\_\_

I understand that as a Daniel Pierce Library volunteer I may come in contact with confidential information. I agree to protect this information in compliance with the New York State Civil Practice Law and Rules 4509 and will not divulge any information during or after my services as a volunteer.

I agree to abide by all library policies. I understand that as a library volunteer I am a representative of the library and will portray a positive image and dress appropriately at all times.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_