

Hauppauge Public Library Volunteer Application

PERSONAL INFORMATION

Name _____

Email _____

Address Apt. # _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ Telephone (Cell) _____

Are you under 18 years old? Yes No

You must be at least 12 years of age to volunteer. Volunteers under 18 years of age must have a parent/guardian complete the consent section on the reverse side of this application.

In case of emergency, notify: _____

Telephone _____ Relationship _____

Please check all the days and times you are available to volunteer:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Are you interested in long-term or short-term volunteer work? short-term long-term

OCCUPATION AND/OR EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 College (#years) _____

Are you a student? Yes No Which school do you attend? _____

Are you a student who needs to complete community service? Yes No

If yes, how many hours do you need to complete? _____

Are you applying as a volunteer to complete court-ordered community service? Yes No

If yes, how many hours do you need to complete? _____

Current Employer and Position _____

SKILLS

Please check all that you are familiar with: PCs Macs photocopier multi-line phone

MS Word MS Excel MS Access MS Publisher Internet Explorer

What language(s) other than English do you speak? _____

Read? _____ Write? _____

PLEASE CONTINUE ON THE REVERSE SIDE

LIBRARY INTERESTS

What type of work would you enjoy most? (check all that interest you)

Non-public work Working with children Working with adults

What volunteer opportunities would you be interested in? (check all that interest you)

assist at children's programs assist at adult programs tutoring book sale

computer instruction/orientation career coaching/resume assistance

providing clerical support preparing publications and bibliographies

working with media collections making courtesy phone calls

lead a program on your topic of interest other _____

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment? _____

REFERENCES

Please provide us with one reference.

This reference is: Personal Professional (e.g., teacher or supervisor)

Name: _____ Telephone: _____

I authorize the Hauppauge Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

I understand that the Hauppauge Public Library is counting on my services. If I fail to appear for assigned work days without prior arrangement with my supervisor, or if my work or the volunteer arrangement is unsatisfactory in any way, I understand that my volunteer service will be terminated.

I agree that I will not disclose any information relating to library patrons, library business operations, or library personnel gathered or heard officially or unofficially in the course of my volunteer service. I understand that such information is strictly confidential.

I understand that there is no compensation for volunteer services at the Hauppauge Public Library.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

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

Signature of Parent or Guardian: _____

Interview Date: _____ Interviewed by: _____

Referred to: _____

Comments:

Start Date: _____ Volunteer Supervisor: _____