

REFERENCES

Please provide us with one professional reference. (Teacher/Advisor/Coach/Supervisor)

Name: _____

Telephone: _____ Email: _____

TERMS AND CONDITIONS

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 may be terminated.

I understand that the number of hours I requested on this application are not guaranteed to be fulfilled with this application. Duties and tasks may not always be available or needed by the Library, or may be filled at the moment. It is a good idea to always have alternative plans to obtain necessary volunteer credit.

I agree that I will not disclose any information relating to library guests, 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 monetary compensation for volunteer services at the Hauppauge Public Library.

Student Signature: _____ Date: _____

We will be in touch with you to schedule a meeting so we can discuss your interests further. Thank you!

PARENT/GUARDIAN CONSENT (for all volunteers under age 18)

I give permission for the above applicant to volunteer at the Hauppauge Public Library for:

a maximum of _____ hours per day* and/or a maximum of _____ hours per week*

*These are just general guidelines for scheduling purposes, not a guarantee of hours.

Name: _____ Telephone number: _____

Signature of Parent or Guardian: _____

VOLUNTEER SUPERVISOR USE ONLY

Interview Date: _____ Interviewed by: _____ Start Date: _____