

Onondaga County Public Library (OCPL) Volunteer Application

OCPL is committed to serving the needs of the diverse people of Onondaga County and to fulfilling our mission of making a positive difference in every life we touch by putting the power of ideas and information to work for all. OCPL volunteers are unpaid positions, and we encourage community-minded people to serve as volunteers.

Personal Information

Name (please print) _____ Email _____

Address _____
Street State Zip code

Telephone (day) _____ Telephone (evening) _____

You must be at least 13 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. **Are you over age 17?** Yes ___ No ___

Occupation and/or Education

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

Employment Status: ___ Employed ___ Retired ___ Student ___ Looking for work ___ other

Are you applying in order to comply with a mandate for community services? Yes ___ No ___

If yes, name of school or program that requires the community service: _____

And number of hours you must complete: _____ (hours).

Volunteer Interests and Availability

Why do you want to volunteer, and what is your expectation of this volunteer experience (Attach separate sheets if necessary)?

Please check the area(s) you are interested in (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Shelf organizer | <input type="checkbox"/> After school homework help |
| <input type="checkbox"/> Computer coach (for adults) | <input type="checkbox"/> Games with children/teens |
| <input type="checkbox"/> Computer coach (for children) | <input type="checkbox"/> Reading to young children |
| <input type="checkbox"/> Gardening/yard work | <input type="checkbox"/> Foreign language translation (specify the language) |
| <input type="checkbox"/> Sorting books and materials | <input type="checkbox"/> Program Planning (specify area of expertise) |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Program Presenter (specify area of expertise) |
| <input type="checkbox"/> ESOL Conversation leader | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Cleaning books and materials | |

Special Skills: _____

Physical Limitations, if any: _____

You are available for a two hour shift on: ___ Mornings ___ Afternoons ___ Evenings

Time of day? _____ to _____ **Which days?** ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun
(i.e. 9 to 11am)

Can you volunteer for the next 3 months ___ Yes ___ No (Please note that volunteer activities are evaluated on an ongoing basis.)

At which library(s) would you like to volunteer? ___ Central ___ Beauchamp ___ Betts ___ Hazard ___ Mundy
___ Paine ___ Petit ___ Soule ___ White ___ Southwest Community Center (SWCC) ___ Northeast Community Center
(NECC); For locations and directions, go to http://www.onlib.org/web/locations_hours/index.htm.

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Reference Information

Please provide at least two non-family references that we may contact (i.e. school teacher, counselor or supervisor); attach a separate sheet if necessary.

Name/Employer _____ Email / phone# _____ Relationship _____

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How did you hear about OCPL? _____

Have you or anyone you know had prior work experience at OCPL? _____

Have you ever been asked to leave a volunteer position? ___ Yes ___ No

If yes, explain _____

I certify that all statements provided on this application are true and complete.

Applicant's signature _____ Date _____

Parents/Guardian Consent (for volunteers under age 18)

I give my permission for the above applicant to volunteer at OCPL for a maximum of _____ hours per week (2 hours minimum). If you need to reach me, my telephone number is _____ (day) _____ (evening).

Parent/Guardian _____ Date _____
Name Signature

Please return the volunteer application and **your resume to:**

OCPL- Director's Office, Galleries of Syracuse, 447 S. Salina St. Syracuse, NY 13202, or director@onlib.org, or fax to 315-435-8533

We will make every effort to place you; however, we may not be able to accommodate all who expressed interest. Thank you for your interest in volunteering for OCPL.

For Library Use Only

Interview date: _____ Interviewed by: _____ Recommend for Position? ___ Yes ___ No
Start date: _____ Assignment Location: _____ Position: _____
Supervisor: _____
Comments: _____

Please return to OCPL Director's Office, along with the volunteer registration and agreement form. Thanks.

www.onlib.org

OCPL #413-98 (rev. 10/10; 10/22)