

ONONDAGA COUNTY PUBLIC LIBRARY VOLUNTEER APPLICATION

Name _____ Date _____
 Complete Address _____ Phone # _____
 _____ Birth Date _____
(If under 18 or over 65)

EDUCATION

High School _____ Graduated _____ Yes / No
 College _____ Major _____ Graduated? _____ Yes / No

Work Experience/Volunteer Experience:

1. From _____ To _____ Reason left _____ _____ _____	Position _____ Firm _____ Address _____ Supervisor _____	Paid or Volunteer? _____ _____ Phone _____
2. From _____ To _____ Reason left _____ _____ _____	Position _____ Firm _____ Address _____ Supervisor _____	Paid or Volunteer? _____ _____ Phone _____

Please list three individuals we may contact for reference:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Are you applying to volunteer in order to comply with a mandate for community services? Yes / No
 Can you read at a 12th grade level? Yes / No
 Can you write legibly? Yes / No

What are your special skills and areas of interest? (Check all that apply)

<input type="checkbox"/> telephoning	<input type="checkbox"/> safety and security	<input type="checkbox"/> tutoring adults in reading
<input type="checkbox"/> computers	<input type="checkbox"/> arts and crafts	<input type="checkbox"/> secretarial
<input type="checkbox"/> filing	<input type="checkbox"/> gardening, yard work	<input type="checkbox"/> tutoring on computers
<input type="checkbox"/> sorting and lifting	<input type="checkbox"/> statistical research	<input type="checkbox"/> Friends of the Central Library
	<input type="checkbox"/> library store	<input type="checkbox"/> other (specify _____)

When can you volunteer?

Time of day? _____ to _____
 everyday
 3 times per week
 2 times per week
 once per week
 other (specify)

Which days?
 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Where?
 Central
 Beauchamp
 Betts
 Hazard
 Mundy
 Paine
 Petit
 Soule
 White
 NECC
 SWCC