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):
___ Shelf organizer ___ After school homework help
___ Computer coach (for adults) ___ Games with children/teens
___ Computer coach (for children) ___ Reading to young children
___ Gardening/yard work ___ Foreign language translation (specify the language)
___ Sorting books and materials ___ Program Planning (specify area of expertise)
___ Arts and crafts ___ Program Presenter (specify area of expertise)
___ ESOL Conversation leader ___ Other (specify)
___ 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 ___________________________ Name ___________ Signatur e ____________ Date _____________

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.

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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)