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 ____________________________________________________

Telephone (day) ___________________________ Telephone (evening) _____________________________

Street ___________________________________________ State _______ Zip code ______________________

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)?

___ 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 ___ Join library Friends Group

___ Clerical ___ 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 _________________________________________________________________________________________________

Have you ever been convicted of any crime that has not been expunged or pardoned, other than a minor traffic violation? ___ Yes ___ No
If yes, explain _________________________________________________________________________________________________

(Note: A conviction will not necessarily preclude your volunteering. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.)

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 Personnel, Galleries of Syracuse, 447 S. Salina St. Syracuse, NY 13202, or Personnel@onlib.org, or fax to 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 Personnel, along with the volunteer registration and agreement form. Thanks.

www.onlib.org

OCPL #413-98 (rev. 3/11)