



Walworth-Seely Public Library

3600 Lorraine Drive ♦ Walworth, NY 14568 ♦ Phone: 315-986-1511 ♦ Fax: 315-986-5917

<http://www.walworthlibrary.org>

OFFICE USE ONLY:

Date of Application: _____

Received by: _____

Volunteer or Internship Application

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PERSONAL INFORMATION: PLEASE PRINT

Name _____
Last First Middle

Address _____
Number Street City Zip

Home Phone _____ Cell Phone _____

Email address _____

Are you under 18? ___ yes ___ no (If yes, please give your date of birth) _____

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SCHOOL OR COMMUNITY SERVICE

Do you require volunteer hours for school credit or community service? ___ yes ___ no

School/Service Site _____

Contact Name _____ Phone _____

of hours you are required to complete: _____ deadline _____

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AVAILABILITY

Available start date _____ # of hours per week desired: _____

Please circle your volunteer availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

Mornings (9AM-12:15PM) Afternoons (12:15PM-5:15PM) Evenings (5:15 – 8:15PM)

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EXPERIENCE

Why do you want to volunteer at the Walworth Library? _____

Have you ever volunteered at the Walworth Library before? ____ yes ____ no

If yes, when _____

Have you ever applied for a position at the Walworth Library before? ____ yes ____ no

If yes, when and for what position? _____

Do you have any library experience? ____ yes ____ no

If yes, what _____

Other Volunteer (and/or work) experience: _____

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Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer work which may be necessary. I understand that this application is not intended to be a contract. In the event of volunteer placement, I understand that false or misleading information given in my application or interview may result in immediate dismissal. I understand that I am required to abide by all rules and regulations of the Walworth-Seely Public Library.

Signature of applicant

Date

*The Walworth-Seely Public Library will review your application and contact you when volunteer opportunities arise. An in house interview with a staff member may be required.
Your completed application will be kept on file for six months.*