Montour Falls Library 406 W Main Street Montour Falls, NY 14865 (607) 535 – 7489



VOLUNTEER APPLICATION

Contact Information

NAME (FIRST LAS	Г):				·
DATE OF BIRTH (D	DD/MM/YYYY):				
MAILING ADDRES					
PHONE NUMBER	(Please include are	ea code):			
ALLERGIES OR ME	EDICAL CONDITION	IS:			
	E	mergency Contac	t Information		
EMERGENCY CON	TACT NAME:				
EMERGENCY CON	TACT PHONE NUM	1BER:			
		Avai	lability		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Library Open Hou	, ,	o volunteer in the behange based on sta		ease see a staff m	ember to
	d in volunteering d estival, Book Sales	luring special event: , etc.	s? Special events n	nay include the Fir	reman's
	:				

Are you comfortable using computers / willing to learn how to USES NO	use the library's computer software?
Are you comfortable alphabetizing? ☐ YES ☐ NO	
Why would you like to volunteer at the Montour Falls Library?	
What skills do you have that would be beneficial for volunteering	ng at the library?
What do you hope to learn through your volunteer experience?	·
Signature	 Date

FOR STAFF USE ONLY

Interviewer Name:				
Interview Date:				
Please review the following with your new volunteer:				
☐ Tour of facilities				
□ Volunteer Guidebook				
☐ Rules of Respect				
☐ Emergency Contacts				
☐ COVID-19 Waiver				
Additional Notes/Comments:				