

Liverpool Public Library

Volunteer Application*



Name: _____

Address: _____

City: _____ Zip code: _____

Phone number: (home) _____ (cell) _____ (text?) Yes or no _____

Email address: _____

Why do you want to volunteer at Liverpool Public Library? _____

What are your hobbies & interests? _____

What, if any, is your previous volunteer experience? _____

What days & times are you available to volunteer? __ weekdays __ weeknights __ weekends __ school breaks

Please check area in which you would like to volunteer:

- Book Sorter/ Book Sale Helper (sorting of donated books/ helping to prepare for, and work the book sale)
- Computer tutor (work one on one with patrons helping them learn basic computer skills, Internet, and email)
- Community Engager (assist library staff at community events/fairs in the Liverpool, Salina, Clay area)
- Garden Beautifier (Help maintain and weed the library gardens)
- Program assistant (assist library staff with various programs based on your interest)
- I attend LHS and need government class hours. Supervising teacher's name: _____
- Other: _____

Volunteer Signature: _____ **Date:** _____

(I attest that all information above is accurate and true to the best of my knowledge.)

Parent Signature: _____ **Date:** _____

(Required if volunteer is under age 18, volunteers must be 14 or older)

Emergency Contact during volunteer hours: Name: _____ Phone: _____

Questions? Email Edina Osmanovic at Edina.Osmanovic@lpl.org or call 315-457-0310 x134

Please mail this form to: Edina Osmanovic, Liverpool Public Library, 310 Tulip Street, Liverpool, NY 13088

* Limited registration. A completed application does not guarantee acceptance. No court ordered community service opportunities available.