



Yorktown Public Library Volunteer Application

Name: _____ DOB: _____

Address / City/ State / Zip Code: _____

Telephone: _____ Email: _____

Emergency contact person: _____ Phone: _____

Please list any skills relevant to the volunteer position _____

What type of volunteer experience are you seeking _____

Please list the days of the week and the portion of the day during which you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time						
End time						

1. Are there paperwork requirements for the library to complete? Yes / No
2. If yes, what is the deadline for the paperwork? Deadline ____/____/____
3. How many hours needed to fill requirement? _____

As a volunteer at the Yorktown Public Library, I will abide by the library's policies, and I will be dependable and responsible in fulfilling the duties for which I have volunteered. If I know in advance that I must be absent, I will notify the library staff as soon as I know I will be gone. If my absence is unexpected, I will notify the library as quickly as possible.

I understand that I will lose my volunteer position if I fail to follow the above conditions.

Applicant signature: _____ Date: _____

Completion of this application does not guarantee you will be chosen as a volunteer.