

AMENIA FREE LIBRARY

3309 RT 343, P.O. Box 27

Amenia, NY 12501

845-373-8273

www.amenialibrary.org



Library Volunteer Application Form

Return application to the library director, Erika Palombo (Director3309@outlook.com)

CONTACT INFORMATION

Please Print Clearly:

Full Name _____

Preferred Name _____

Date of Birth _____/_____/_____

School: _____

Email: _____@_____

Home Phone () _____

Cell Phone () _____

Which is the best way to contact you? (Check one)

cell phone _____ email _____

Do you have a library card? Yes/No

Current Age _____ Grade level _____

VOLUNTEER INTERESTS

Check which jobs interest you the most:

Shelving materials _____

Book Straightening _____

Assisting with Children’s programs _____
(setup, assisting and cleanup)

TIME PREFERENCES

At what times are you interested in volunteering?

Weekdays _____

Saturdays _____

Please list any days and times that you are unable to volunteer:

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Parent / Guardian Information

Parent or Guardian Name _____

Relationship _____

Home Phone

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Cell Phone

()

Parent or Guardian Email _____

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For Parent/Guardian: I am aware my child is applying to volunteer at the Amenia Free Library.

Parent/Guardian Signature: _____

Applicant Signature: _____

Date: _____