



Volunteer Application- Sullivan County Public Libraries

Full Name: _____ Date: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Volunteer Position Applied for: _____

Are you a student? _____ Community Service? _____
YES/NO YES/NO

Court Appointed? _____ Required hours? _____ Date to be completed? _____
YES/NO

Have you ever pled guilty or no contest to, or been convicted of a crime? _____
(An affirmative response will not automatically disqualify you from being considered) YES/NO

If yes, explain: _____

Are you currently employed? _____ Employer: _____
YES/NO

List any skills, training, languages spoken, that may be useful the Library: _____

List previous volunteer experiences: _____

Availability: _____

I understand that when I volunteer at the Sullivan County Public Libraries, my actions are a reflection on myself as well as my organization or school. I understand that the Sullivan County Public Libraries reserves the right to screen volunteers, to accept or reject any applications, and place applicants in specific locations and positions based on the needs of the library. I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the library. I understand that my volunteer service may end at any time for any reason with or without notice. Volunteer shifts will be during branch hours of operation and for special events such as Book Sales or Holiday Markets. As a volunteer in any Sullivan County Public Library who has access to information about the library's patrons and/or staff as well as their use of the library, I understand that this information is to be kept confidential.

Signature: _____ Date: _____