

Loudonville Public Library

Volunteer Application

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

If under 18 years of age: age: _____ grade: _____

Have you ever worked or volunteered at a library before? Yes / No (circle one)

If yes, please describe the work performed and the library you served:

Please describe any skills and/or abilities that you think would be valuable to the library:

How many hours per week are you interested in volunteering? _____

How many days per week are you interested in volunteering? _____

Would you be able to volunteer on a consistent basis? Yes / No (circle one)

Do you prefer mornings, afternoons, or evenings?

Do you prefer weekdays or Saturdays?

Would you be willing to attend an orientation session to prepare you for work at the library? Yes / No (circle one)

***Thank you for your interest in volunteering at the Loudonville Public Library.
Depending upon availability and background, you may be contacted regarding
upcoming orientation sessions and training opportunities.***