

PALISADES FREE LIBRARY
19 Closter Road, Palisades, NY 10964
845-359-0136 phone 845-359-6124 fax
www.palisadeslibrary.org

Volunteer Application

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Age (If under 18): _____

Person to contact in the event of an emergency:

Contact Phone Number: _____

Relationship to volunteer: _____

I am volunteering to complete:

___ Community Service Hours for School

___ Community Service Hours for Religious Education

___ Other _____

I would like to complete _____ hours of community service with the Palisades Free Library
by this date: _____.

Or

I would like to volunteer _____ hours a week for an extended period of time.

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I am available at the following times:

Weekdays during the day. Please specify: _____

Weekdays during the evening. Please specify: _____

Weekends. Please specify: _____

I have the following computer skills:

___ Microsoft Word

___ Power Point

___ HTML or other web language

___ Other _____

I would like to work with:

___ Children ___ Teens ___ Adults ___ Seniors ___ Computers ___ Other

I can tutor or teach the following:

___ Basic Computer Skills

___ Literacy

___ Math

___ Other _____

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I am interested in the following:

- Fundraising
- Gardening
- Local History
- Readers Advisory – recommending books and movies
- Book Club
- Assist with Children’s Programs and Crafts
- Assist with Teen Programs

I have a specific idea for volunteering at the Palisades Free Library. Briefly describe:

I certify that the statements made on this volunteer application are true and correct. I understand that Palisades Free Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in positions based on the needs of the library. I also understand that I will not be paid for my services as a volunteer.

Signature _____

Parent Signature (if under 18) _____

Date _____

Thank you for considering volunteering at the Palisades Free Library.