



Volunteer Application

118 South Main Street, P.O. Box, Naples N.Y. 14512

Tel: (585)374-2757 Email: napleslibrarydirector@owwl.org

Name (First & Last): _____ Today's Date: _____.

Address: _____.

Telephone: _____ Email Address: _____.

Preferred Contact Method: Email or Phone

How often do you visit the library and which services do you most use?

Why would you like to volunteer at Naples Library?

Do you have a specific number of volunteer hours you need to complete? Yes or no

If so, how many?

Which volunteer opportunities are you interested in? (check all that apply)

- Adopt-a-Shelf
- Special Events/Program Volunteer
- Book Club Coordinator
- Teen Advisory Board (Teens only)
- Craft Buddy (Teens only)
- Other (please explain below)

What is your availability?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	

Are you available (check all that apply):

- Year Round
- Seasonally
- For Special Events/Programs

Volunteer Experience

(if applicable)

Organization: _____.

Phone Number or Email: _____.

Work Performed: _____.

Reference

(personal or professional)

Name : _____.

Phone Number or Email: _____.

Relationship: _____.

Emergency Contact

Name : _____.

Phone Number or Email: _____.

Relationship: _____.

If you have any special skills or specific interests feel free to list them here:

Volunteer Agreement:

By completing this application, I hereby certify, understand, and agree that as a volunteer of the Naples Library I agree to abide by the policies, procedures and code of conduct. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I am applying for a position as a volunteer, as that term is defined by the Fair Labor Standards Act, that any services I may provide to Naples Library will be rendered solely in my capacity as a volunteer. Furthermore, I understand and agree that I am not eligible to receive any monetary payment or reward and am volunteering free from coercion or duress.

- I agree
- I disagree

Applicant Name (printed): _____ **Date:** _____.

Signature: _____.

VOLUNTEERS UNDER THE AGE OF 18 MUST HAVE THE FOLLOWING SECTION

COMPLETED BY A PARENT &/OR LEGAL GUARDIAN

I am the parent &/or legal guardian for _____, a minor. I hereby give my permission for him/her/they to perform volunteer services for Naples Library.

Name (printed): _____ **Date:** _____.

Signature: _____.