

VOLUNTEER APPLICATION
NEWBURGH FREE LIBRARY
124 Grand Street
Newburgh, NY 12550
845.563-3600
Newburghlibrary.org

Date: _____ Phone Number: _____ DOB: _____

Name: _____ Email Address: _____

Address: _____

Type of work interested in: _____

What talents or skills do you possess that make you a successful candidate for our volunteer program?

Availability (schedule, amount of time): _____

Provide two non-family References:

NAME:	ADDRESS	PHONE NUMBER

Explain any existing physical or mental conditions, which require accommodation: _____

Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations?

YES NO

Are any criminal charges or proceedings pending against you?

YES NO

Can we request under Public Law 91 508 a copy of criminal records?

YES NO

Signature: _____ Date: _____

Signature of parent/guardian if applicant is a minor: _____ Date: _____