

VOLUNTEER APPLICATION
NEWBURGH FREE LIBRARY

124 Grand Street
Newburgh, NY 12550
845.563-3605
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: _____

NEWBURGH FREE LIBRARY
VOLUNTEER PROGRAM
EMERGENCY CONTACT INFORMATION

Date: _____

To:

From: Robin Valerio, Volunteer Coordinator

Re: Emergency Contact Information

In the event that you were incapacitated, the Library needs to have this important information on file.

Please indicate below whom you would like us to contact in the event of an emergency and return it to Administration as soon as possible.

Emergency Contact Person	
Relationship	
Number	

Thank you.