Volunteer ApplicationPlease fill in all applicable information and drop off at your local SCPL branch or by mail to:



For Office Use Only Received References Notification Dept. Placed

SCPL Volunteer Coordinator 99 Clinton Street • Schenectady • NY • 12305 aluntaar@mulc info

scp-volunteer@mvls.info							

					Start Date		
Personal In ☐ Mrs. ☐ Mrs.	formation ☐ Ms. ☐ Miss	□ Dr.		·			
Last Name		Firs	st Name		Middle Initial		
Street Address					Birth Date (must be	at least 16 years old)	
City		Sta	te/Zip		Emergency Name an	d Contact Number:	
Day Phone		E-n	nail:				
Evening Phone I prefer to be contacted by: Phone o			d by: □ Phone <i>or</i>	^r □ E-mail Address			
	t/School Inform	mation			l am:		
Employer Name (or School)					□ Employed□ Unemployed□ Student		
Employer Addre	ess				Education : (hi	ghest level completed)	
City		Stat	e/Zip		☐ High School/GED☐ Associates Degree		
Occupation (or major)					☐ Undergraduate Degree☐ Graduate Degree☐ Post Graduate Degree		
Volunteer li	nformation						
Volunteer Posi	tion Desired:	Pre	eferred Location:				
Previous related volunteer experience:							
Special skills, t	raining, hobbies yo	ou would like to ut	ilize in this position	1.			
Availability		Tuocday	Wadnasday	Thursday	Friday	Saturday	
Sunday ☐ Mornings ☐ Afternoons ☐ Evenings	Monday ☐ Mornings ☐ Afternoons ☐ Evenings	Tuesday ☐ Mornings ☐ Afternoons ☐ Evenings	Wednesday ☐ Mornings ☐ Afternoons ☐ Evenings	Thursday ☐ Mornings ☐ Afternoons ☐ Evenings	Friday ☐ Mornings ☐ Afternoons ☐ Evenings	Saturday ☐ Mornings ☐ Afternoons ☐ Evenings	

	our time to fill it out thoroughly. I w	without correct addresses we cannot take the next will be mailing, or emailing your references a form to
1 ☐ Mr. ☐ Mrs. ☐ Ms. ☐ M First Name	iss □ Dr. □ Rev. Last Name	Relationship
		·
Email	Home Address	Home/Work Phone
City	State	Zip Code
2 □ Mr. □ Mrs. □ Ms. □ M	iss □ Dr. □ Rev.	
First Name	Last Name	Relationship
Email	Home Address	Home/Work Phone
City	State	Zip Code
3 □ Mr. □ Mrs. □ Ms. □ M	iss □ Dr. □ Rev.	
First Name	Last Name	Relationship
Email	Home Address	Home/Work Phone
City	State	Zip Code
Schene	ctady County Public Librar	v - Mission Statement
The mission of the Schenectad	dy County Public Library is to eational needs by providing f	satisfy our community's educational, ree and open access to a comprehensive
Schen	ectady County Public Libra	ry - Vision Statement
knowledge for the community.	The Library System enriches	st choice for information and the center of the entire county by providing excellence in from the many diverse communities in
oluntarily. I understand that thi	s information may be disclose bility whatsoever for supplying	a are true and correct and have been given ed to any party with legal and proper interest, g such information. I understand that I will no e policies of SCPL.
Name		Date
	() (O) (D)	

References: Please fill in all information requested below for three people (other than relatives) who would be willing to serve

Please note: Applications will be kept on file for 6 months. Placement is not guaranteed. We are not able to accommodate community service applicants at this time.