



**References:** Please fill in all information requested below for three people (other than relatives) who would be willing to serve as personal references. **Filling out this reference section is important, without correct addresses we cannot take the next step to have you volunteer**, so take your time to fill it out thoroughly. I will be mailing, or emailing your references a form to submit, once we have those back we can move forward. Thank You!

**1**     Mr.    Mrs.    Ms.    Miss    Dr.    Rev.

|              |              |                 |
|--------------|--------------|-----------------|
| First Name   | Last Name    | Relationship    |
| <b>Email</b> | Home Address | Home/Work Phone |
| City         | State        | Zip Code        |

**2**     Mr.    Mrs.    Ms.    Miss    Dr.    Rev.

|              |              |                 |
|--------------|--------------|-----------------|
| First Name   | Last Name    | Relationship    |
| <b>Email</b> | Home Address | Home/Work Phone |
| City         | State        | Zip Code        |

**3**     Mr.    Mrs.    Ms.    Miss    Dr.    Rev.

|              |              |                 |
|--------------|--------------|-----------------|
| First Name   | Last Name    | Relationship    |
| <b>Email</b> | Home Address | Home/Work Phone |
| City         | State        | Zip Code        |

### **Schenectady County Public Library - Mission Statement**

The mission of the Schenectady County Public Library is to satisfy our community's educational, informational, cultural and recreational needs by providing free and open access to a comprehensive range of materials, services and programs.

### **Schenectady County Public Library - Vision Statement**

The Schenectady County Public Library strives to be the first choice for information and the center of knowledge for the community. The Library System enriches the entire county by providing excellence in library service, empowering individuals, families and children from the many diverse communities in Schenectady County.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release SCPL from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer. I agree to abide by the policies of SCPL.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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.