

Volunteer Interest Form

Cornwall Public Library • 395 Hudson Street • Cornwall, NY 12518 ~ 845-534-8282

Thank you for your interest in volunteering at Cornwall Public Library. *
A library representative will contact you in 7-10 business days.

Name _____ Cell # _____ Phone # _____

Address _____

City/Town _____ NY Zip _____

Library Card # _____

E-mail address _____

What kind of work do you enjoy doing? _____

When are you available? (days & hours) _____

Is this volunteer work court-ordered? Yes No

Are you 18 years old or older? Yes No

Permission is granted to contact two (2) non-family references:

Name _____	Name _____
Address _____	Address _____
City/Town _____	City/Town _____
State _____ Zip _____	City/Town _____ Zip _____

I have read and agree to Cornwall Public Library's Volunteer Policy. I further agree that if I become a Volunteer of Cornwall Public Library, I will be bound by the rules contained in all library policies and guidelines, especially those that relate to patron privacy and confidentiality.

I understand that Cornwall Public Library has the right to terminate my volunteer working association with the library at any time, for any reason.

Signature Of Volunteer Applicant Date _____

Signature of Parent if Volunteer is under 18 years of age Date _____

*This form is NOT to be used by teens applying as Volunteers for the Summer Reading Program.

Revised January 2019

www.cornwallpubliclibrary.org





VOLUNTEER CONTACT INFORMATION

*In the event of an emergency,
I, the undersigned VOLUNTEER, authorize
Cornwall Public Library to contact the following person(s).*

Name:	Phone (H):
Relationship to Volunteer:	Phone (W):
Address:	Cell:
	Email:

Name:	Phone (H):
Relationship to Volunteer:	Phone (W):
Address:	Cell:
	Email:

Volunteer Name (print)

Volunteer Signature

Date

Revised 1/2019



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	Email:

Volunteer Name (print)

Volunteer Signature

Date

Revised 1/2019