



Volunteer Interest Form

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

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

Name _____ 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

If you are under 18, what is your age? _____

(Volunteers under the age of 18 need to have signed parental consent.)

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 _____