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www.brightonlibrary.org

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____ ZIP _____

PHONE (DAYTIME) _____ (EVENING) _____

EMAIL ADDRESS _____

HOW OFTEN DO YOU VISIT THE LIBRARY? ___ WEEKLY ___ MONTHLY ___ QUARTERLY

ARE YOU CURRENTLY A STUDENT? ___ IF SO, PLEASE LIST YOUR GRADE AND AGE _____

IF NOT, PLEASE MARK THE HIGHEST EDUCATIONAL DEGREE THAT YOU HAVE RECEIVED

___ HIGH SCHOOL ___ COLLEGE ___ GRADUATE

ARE YOU SEEKING VOLUNTEER HOURS TO FULFILL A SCHOOL ASSIGNMENT? _____

WHY WOULD YOU LIKE TO VOLUNTEER AT BML? _____

HOW MANY VOLUNTEER HOURS WOULD YOU LIKE TO COMPLETE AT BML? _____ BY WHAT DATE? _____

DESCRIBE YOUR MOST RECENT EMPLOYMENT OR VOLUNTEER EXPERIENCE _____

BRIEFLY DESCRIBE ANY ADDITIONAL SKILLS/TALENTS THAT MIGHT BE HELPFUL TO THE LIBRARY
(INCLUDING MICROSOFT OFFICE SKILLS (WORD, EXCEL, ACCESS, ETC.)):

OFTEN THE WORK THAT WE HAVE FOR VOLUNTEERS INCLUDES SHELVING AND RELATED ACTIVITIES. PLEASE LIST BELOW ANY LIMITATIONS YOU HAVE INVOLVING STANDING, BENDING, REACHING OR LIGHT LIFTING FOR EXTENDED TIME PERIODS.

IN WHICH OF THE FOLLOWING AREAS WOULD YOU BE WILLING TO WORK?

- Cleaning and repair of library materials
- Garden weeding and building maintenance
- General clerical (filing, typing, alphabetizing, photocopying, etc.)
- Shelf reading
- Assisting with children's programs
- Distribution of brochures within the library
- Distribution of brochures within the community
- Partners in Reading for Seniors (PIRS) (home delivery of books & library materials; must be over 18 years old and have a valid driver's license)
- Discovery Room arts/crafts (assisting preschool-aged children in the Brighton Kiwanis Discovery Room)
- Other: _____

ARE YOU ABLE TO COMMIT 3 VOLUNTEER HOURS EACH WEEK WITH US? YES NO

WHEN ARE YOU AVAILABLE? (GENERALLY, NO EVENING/WEEKEND SHIFTS ARE NEEDED.)

PLEASE MARK WITH AM, PM, OR BOTH: _____M _____T _____W _____TH _____F

ARE YOU AVAILABLE TO VOLUNTEER 12 MONTHS PER YEAR? _____

PLEASE NOTE:

- **IT IS BEST TO SUBMIT THIS APPLICATION AT LEAST ONE MONTH BEFORE YOU WISH TO BEGIN VOLUNTEERING.**
- **YOUR APPLICATION WILL BE CONSIDERED IN RELATION TO OUR CURRENT NEEDS AND SCHEDULE.**
- **IF AN OPENING IS AVAILABLE, A MANAGER WILL CONTACT YOU FOR AN INTERVIEW WITHIN TWO WEEKS.**
- **YOU MAY BE REQUIRED TO SUBMIT TO AN INDEPENDENT BACKGROUND CHECK AS A CONDITION FOR VOLUNTEERING AT THE BRIGHTON MEMORIAL LIBRARY**

THANK YOU FOR YOUR INTEREST IN BRIGHTON MEMORIAL LIBRARY!

(Applicant's signature)

(Date)

A Parent/Guardian signature constitutes his/her permission for a Minor Applicant to volunteer at Brighton Memorial Library.

(Parent/Guardian's signature)

(Date)

(Parent/Guardian's name printed)

(Phone Number)

(Date)