



2300 Elmwood Ave., Rochester, NY 14618 / (585)784-5300 / www.brightonlibrary.org

ADULT VOLUNTEER APPLICATION

PLEASE NOTE:

- IT IS BEST TO SUBMIT THIS APPLICATION ONE MONTH BEFORE YOU WISH TO BEGIN VOLUNTEERING. IF AN OPENING IS AVAILABLE, A DIVISION MANAGER WILL CONTACT YOU WITHIN 2 WEEKS. IT IS EASIEST FOR OUR STAFF TO CONTACT YOU VIA EMAIL (IF POSSIBLE.)

NAME _____ DATE _____

ADDRESS _____ ZIP _____

PHONE (DAYTIME) _____ (EVENING) _____

EMAIL ADDRESS (**only** if you regularly check this account) _____

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

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

WHY WOULD YOU LIKE TO VOLUNTEER AT BML? _____

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.)):

PLEASE LIST ANY LIMITATIONS YOU HAVE INVOLVING STANDING, BENDING, REACHING OR LIGHT LIFTING FOR EXTENDED TIME PERIODS. _____

Possible Volunteer Assignments, please circle those that are of interest of you.

Cleaning and repair of library materials

Gardening

Shelf reading (making sure items are in order on the shelves)

Partners in Reading for Seniors (PIRS)- delivery of library materials to homebound seniors. (Must have a valid driver's license and be over the age of 18.)

Sporadic Projects requiring computer use

ARE YOU ABLE TO COMMIT 3 VOLUNTEER HOURS EACH WEEK WITH US? ___YES___NO

PLEASE CHECK WHICH DAYS AND TIMES YOU ARE AVAILABLE DURING THE WEEK

MONDAYS: AM_____ PM_____

TUESDAYS: AM_____ PM_____

WEDNESDAYS: AM_____ PM_____

THURSDAYS: AM_____ PM_____

FRIDAYS: AM_____ PM_____

THANK YOU FOR YOUR INTEREST IN BRIGHTON MEMORIAL LIBRARY!

(Applicant's signature)

(Date)