



Seymour Library Application for Adult Library Volunteer (18+)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

When available, volunteer opportunities are Monday-Thursday mornings and Wednesday & Thursday afternoons. Please check the times when you are available:

- Mondays between 9am and 1pm
- Tuesdays between 9am and 1pm
- Wednesdays between 9am and 1pm
- Thursdays between 9am and 1pm
- Wednesdays between 1-3pm
- Thursdays between 1-3 pm

**TALENTS, SKILLS, INTERESTS:** If you have any special skills or talents please list them below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of anything that would restrict your work?

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List any previous employers or volunteer experience you may have had. Include addresses and telephone numbers. Start with the most recent employer.

1. \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

REFERENCES: List three people who know you well (exclude relatives). Please include telephone number and the reference's relationship to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

EMERGENCY CONTACT PERSON:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

PLEASE RETURN THIS TO : Linda Miller at the Seymour Library, 161 East Ave.  
Brockport, NY 14420