



GREENWICH FREE LIBRARY

148 Main Street,
Greenwich, NY 12834

Volunteer Application

Date: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

References: *(name and phone number)*

1. _____

2. _____

You must be 14 years old to volunteer at the library. If you are under the age of 18, please have a parent or guardian sign below.

I give permission to _____ (name of minor) to volunteer at the Greenwich Library.

Parent/Guardian Name: _____ Signature: _____

Contact phone number for Parent/Guardian: _____ Volunteer D.O.B.: _____

Availability/Preference for Volunteer Hours:

Mornings (9 am – 1 pm) _____ **Afternoons (1 pm – 5 pm)** _____

Evenings (5 pm – 7 pm) _____ **Saturdays (10 am – 1 pm)** _____

Does your availability change with season or school calendar? _____

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For Library Use Only

Date of Volunteer Training: _____

Notes:

Training completed