

CHEMUNG COUNTY LIBRARY DISTRICT

Volunteer Application

Date _____ Neighborhood Library at which you wish to volunteer _____

Last Name _____ First Name and Middle Initial _____

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____ Best Time to Call _____

How many hours per week would you like to work? _____

Education and Experience

What are you looking for in a volunteer position?

Days/times you are available to volunteer _____

As an applicant for work as a Chemung County Library District volunteer, I understand that if my volunteer services are accepted, I will be expected to:

- **understand that all information pertaining to borrower records is regarded as confidential under New York State law and should be treated as such.**
- **follow a mutually agreed upon work schedule**
- **notify my supervisor promptly if I am unable to work as scheduled**
- **perform my assigned tasks in a business-like and efficient manner.**

Signature _____