

24 Center Street, Geneseo, New York 14454

Email: geneseolibrary@owwl.org *Fax: 585-243-0429* Phone: 585-243-0440 www.wadslib.com

Volunteer Application					
				Date	
Last Name		First Name	Middl	e Initial	
Street Address	City/State		Zip Code		
Telephone (day)	Telephone (evening)				
Email Address					
Age (if younger than 18)					
EDUCATION: (Highest Lev	rel)				
Grammar School	High School	Technica	l School	College	
College Degree(s) or Profes	ssional Training in				
PREVIOUS WORK OR VO	LUNTEER EXPER	IENCE:			
Do you have experience in Word Processing Software Spreadsheet Software Internet Skills / email	Yes Yes				
Briefly describe any of you	r additional skills t	hat may be he	elpful to the libr	rary	

	udes shelving and related activities. Please list any , reaching or light lifting for extended periods of time.			
In which of these areas would you be willing to	work?			
Cleaning and repair of library materials				
Gardening, weeding and outdoor yard	d maintenance			
Photo-copying, paper-cutting, etc.				
General clerical – filing, alphabetizing	, book processing			
Carrying books to basement, breaking	g down boxes			
Indoor cleaning and dusting				
Mornings Aftern	Call Flexible experiences – church, school, hospital, etc.) Name			
Telephone				
Telephone	Тетерпопе			
COMMUNITY SERVICE VOLUNTEERS				
Are you applying to do court-ordered Communi	ty Service volunteering?			
How many CS hours do you need to complete?	By when?			
Who is your CS contact?	Court			
PLEASE NOTE: applications are considered in reopening is available, a staff member will contact Wadsworth Library! For staff use: Approved by	you for an interview. Thank you for your interest in			