



WadsworthLibrary

24 Center Street, Geneseo, New York 14454

Phone: 585-243-0440

Fax: 585-243-0429

Email: geneseolibrary@owwl.org

www.wadslib.com

Volunteer Application

Date _____

Last Name

First Name

Middle Initial

Street Address

City/State

Zip Code

Telephone (day) _____

Telephone (evening) _____

Email _____

Age (if younger than 18) _____

EDUCATION: (Highest Level)

Grammar School _____ High School _____ Technical School _____ College _____

College Degree(s) or Professional Training in _____

PREVIOUS WORK OR VOLUNTEER EXPERIENCE: _____

Do you have experience with:

Word Processing Software Yes _____ No _____

Spreadsheet Software Yes _____ No _____

Internet Skills / email Yes _____ No _____

Briefly describe any of your additional skills that may be helpful to the library

The work we have for volunteers may include shelving and related activities. Please mention any limitations you may have in standing, bending, reaching or light lifting for extended periods of time.

What would you be willing to do?

Clean and repair library materials

Gardening, weeding and outdoor yard maintenance

[over]

- ___ Photo-copying, paper-cutting, etc.
- ___ General clerical - filing, alphabetizing, book processing
- ___ Carrying books to basement, breaking down boxes
- ___ Indoor cleaning and dusting

AVAILABILITY: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

Mornings _____ Afternoons _____

Hours per week _____ On Call _____ Flexible _____

REFERENCES: (school, church, local contacts, etc.; may include ones from other volunteer experiences)

Name _____

Name _____

Address/email _____

Address/email _____

Telephone _____

Telephone _____

SUNY Geneseo VOLUNTEERS

Are you applying to do course-related volunteering/work experience? _____

Name of course _____

Professor/Dept. _____

How many volunteer hours do you need to complete? _____ By when? _____

Type of volunteering required _____

COMMUNITY SERVICE VOLUNTEERS

Are you applying to do court-ordered Community 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 relation to our current needs and schedule. If an opening is available, a staff member will contact you for an interview. Thank you for your interest in Wadsworth Library!

For staff use: Approved by _____ Date _____