



Youngstown Free Library

240 Lockport St. Youngstown, NY 14174

(716) 745-3555

www.youngstownfreelibrary.org

Volunteers are essential to helping the Youngstown Free Library thrive in the community. We recognize that there are a thousand ways you could spend your valuable free time, and we are honored if you are interested in spending your free time helping us!

Library volunteers must be at least 13 years of age. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference or disability.

Contact Information

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME OR CELL PHONE _____

EMAIL _____

How long do you wish to serve as a volunteer for the Youngstown Free Library?

On a regular/ongoing basis

For a limited time, please indicate the time frame _____

For a defined number of hours such as for a community service project requirement. Please indicate which service organization and describe the service project requirement

During which hours are you available for volunteer assignments?

Weekday mornings (Tuesdays 9:30-11 or Fridays 10-11:30)

Weekend mornings (Saturdays 10-11:30)

Weekday afternoons (Mondays, Wednesdays or Thursdays 1:30-3)

Weekday evenings (7-8:30)

I'm interested in doing a weekly task during a time of my choosing.



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Tell us in which areas you are interested in volunteering

___Assisting with cleaning

___Assisting with publicity distribution

___Assisting with library tasks

___Assisting with programming

Summarize special skills and qualifications you might be interested in sharing with the Youngstown Free Library.

Person to Notify in Case of Emergency

NAME _____

HOME OR CELL PHONE _____

EMAIL _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED) _____

SIGNATURE _____

Parental/guardian permission is required for applicants under 18 years old.

*Age of volunteer, if under 18 yrs of age: _____

I hereby give permission for my child to volunteer at the Youngstown Free Library.

Parent SIGNATURE _____

Thank you for completing this application form and for your interest in volunteering with us!