

OSWEGO PUBLIC LIBRARY VOLUNTEER APPLICATION

Name	Date
Street Address	Home Phone
City/State/Zip	Work Phone
Email Address	

**AVAILABILITY:**

\_\_\_\_\_ Volunteer Long-term    \_\_\_\_\_ Volunteer Short-term    \_\_\_\_\_ Internship

Indicate the number of hours per day you would like to volunteer

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
	# of hours	# of hours	# of hours
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			
<b>SATURDAY</b>			

Are there any physical conditions to be taken into consideration in arranging volunteer/internship assignments for you?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    if "Yes", please explain: \_\_\_\_\_

<p><b>SKILLS</b></p> <p>Current/previous work or occupation:</p>
<p>Previous volunteer/internship experience or community affiliations:</p>
<p>Hobbies/interests/skills:</p>
<p>Special training, certification:</p>

**Please check any in which you have experience:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> MS Word             | <input type="checkbox"/> Customer Service           | <input type="checkbox"/> Telephone Etiquette   |
| <input type="checkbox"/> MS Excel            | <input type="checkbox"/> Library Online Catalog     | <input type="checkbox"/> Teaching/Instructing  |
| <input type="checkbox"/> MS Powerpoint       | <input type="checkbox"/> Audio Visual Equipment     | <input type="checkbox"/> Research/Genealogy    |
| <input type="checkbox"/> MS Access           | <input type="checkbox"/> Internet Searching         | <input type="checkbox"/> Social Media          |
| <input type="checkbox"/> MS Outlook          | <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Cloud Services        |
| <input type="checkbox"/> MS Publisher        | <input type="checkbox"/> Photo Editing/Photoshop    | <input type="checkbox"/> Tech Troubleshooting  |
| <input type="checkbox"/> Tablets & e-readers | <input type="checkbox"/> Teleconferencing equipment | <input type="checkbox"/> Marketing/Advertising |

<b>REFERENCES:</b>	
List two personal references, other than family members (full name, address, phone):	
Name	Name
Relationship	Relationship
Address	Address
City	City
State                      Zip	State                      Zip
Phone Number	Phone Number

**AUTHORIZATION TO CHECK REFERENCES:**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact, to provide any and all information concerning my previous employment and any other pertinent information that they may have. I understand that I am not an employee of the Oswego Public Library and that any duties I perform are as a volunteer/intern. I agree to abide by the procedures set forth by the Oswego Public Library for my assigned work duties.

Signature:	Date:
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