

# Larchmont Public Library

121 Larchmont Avenue  
Larchmont, NY 10538

## ADULT VOLUNTEER APPLICATION

return to Alex Neceda  
aneceda@larchmontlibrary.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number or Cell number: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact (name, phone, relationship)

\_\_\_\_\_

If you need community service hours,

How many hours \_\_\_\_\_ By when \_\_\_\_\_

For which organization \_\_\_\_\_

List any skills, knowledge or interests that you can bring to this volunteer experience, including any prior relevant volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note that we have mandatory volunteer training periodically throughout the year.

Availability: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

PLEASE NOTE THAT A BACKGROUND CHECK WILL BE ADMINISTERED TO ALL VOLUNTEERS.

Conventions of certain crimes may exclude an individual from volunteering.

Initial here to acknowledge that you have read the above statement. \_\_\_\_\_

The answers to the foregoing questions are true and correct to the best of my knowledge and belief, and I fully understand that any willful misstatement of facts may lead to disqualification from volunteering at the Larchmont Public Library.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_