

BROOME COUNTY PUBLIC LIBRARY  
VOLUNTEER APPLICATION

Date: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Days & Hours Available:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what area of Library would you like to volunteer:    Circle One

- Youth Services
- Reference Area
- Local History & Genealogy Center
- Garden
- Other: \_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Relationship: \_\_\_\_\_

Please Note:

**All volunteer candidates are subject to a background check.**

Background checks must be completed prior to beginning working. Please complete the background check waiver form. A photocopy of your driver's license or Department of Motor Vehicles ID must be submitted with the form. Library staff will make the copy of your ID for you.

Do you, or have ever, worked for the Broome County Public Library? If yes, please note the department and dates worked \_\_\_\_\_

## Interests and Education

Please list any previous volunteer experience, special interests, skills, or education you have.

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## References

Please provide complete names and addresses and a daytime phone number.  
Do not use relatives

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

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

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Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that I am applying to serve in a volunteer capacity without compensation of pay for the services I am providing. Agree \_\_\_\_\_ Initials: \_\_\_\_\_

I am working as a volunteer but being paid by (organization) \_\_\_\_\_

I report to \_\_\_\_\_ at that agency.

I understand that I my work and my actions are being evaluated and reported to the agency that I am working for. Agree \_\_\_\_\_ Initials: \_\_\_\_\_

I understand that library staff will do their best to find a good fit for my skills and accommodate my interests but that most assignments will be tasks that are not performed by regular paid staff such as sorting, dusting, and cleaning library materials.

Agree \_\_\_\_\_ Initials: \_\_\_\_\_

Library Volunteers are valued members of the library staff and the library would not be the rich community resource that it is today without the work of dedicated volunteers.

Thank you for your commitment to the library. Sincerely, Jacalyn Spoon, Director



State of New York  
County of Broome Government Offices

Broome County Government Security Division  
Jason T. Garnar, County Executive · James D. Dadamio, Director

DEPARTMENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize RELEASE of all information about myself from any source deemed necessary, to a representative of the Broome County Government Security Division (hereinafter "Security), prior to my being considered for employment by Broome County Government.

Further, I hereby authorize Security to RELEASE all information they obtain to all employers within Broome County Government I have applied for employment.

This RELEASE includes, but is not limited to:

- \_\_\_\_\_ **CRIMINAL HISTORY**
- \_\_\_\_\_ **CREDIT PROFILE**
- \_\_\_\_\_ **DRIVER'S LICENSE CHECK**
- \_\_\_\_\_ **OTHER**

ONLY RELEVANT INFORMATION OBTAINED THROUGH THIS INVESTIGATION SHALL BE CONSIDERED FOR EMPLOYMENT PURPOSES.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER & STATE ISSUED

\_\_\_\_\_  
ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN