

# Volunteer Application



Cuba Circulating Library  
39 E. Main Street  
Cuba, NY 14727  
585-968-1668

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments (circle all that apply)?

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening

## Interests

Tell us in which areas you are interested in volunteering

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Reference Detailing Previous Experience

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Years known and relationship to the applicant	

### 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	
Date	