

MAXWELL MEMORIAL LIBRARY

14 Genesee Street, Camillus, NY 13031 Phone: (315) 672-3661

Web: www.maxwellmemoriallibrary.org E-mail: maxmemlib@yahoo.com

V O L U N T E E R A P P L I C A T I O N

Name _____

Address _____

Phone (H) _____ (C) _____

(W) _____ Email _____

Emergency contact:

Name _____ Phone _____

Relationship to you _____

What kind of position are you looking for?

_____ Short-term. How many hours/days/weeks total? _____

For what organization or purpose? _____

_____ Long-term. If so, are you available through the year? _____

When are you *unavailable*? _____

As a Maxwell Library volunteer, you perform a valuable service for staff and patrons. We understand schedules must be changed or accommodated at times, but we strive to maintain regular schedules as much as possible. Are you able and willing to perform the agreed upon two-hour shift weekly on a regular basis, except as noted above? _____

Signature _____ Date _____

**Thank you for your interest in the Maxwell Library!
Your time and support are very much appreciated.**