



# The Middleburgh Library

at Dr. Best House and Medical Exhibit

323 Main Street, PO Box 670

Middleburgh, NY 12122

(518) 827-5142

www.middleburghlibrary.info

## Application for Volunteer Service

*Please complete both sides and return to the Information desk. Please print clearly.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI.

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Why would you like to volunteer at the Middleburgh Library? \_\_\_\_\_

\_\_\_\_\_

Hours available: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Saturday \_\_\_\_\_

Total number of hours per week preferred \_\_\_\_\_

What kind of volunteer jobs are you interested in? (Circle all that apply)

Yardwork/gardening

Clerical

Teaching a workshop or class

Special Events

Shelving

Other \_\_\_\_\_

Building maintenance

Computers/Technology

\_\_\_\_\_

Do you have any special skills, talents or interests that you would like to tell us about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

Please Circle the highest year completed: High School 9 10 11 12  
College 1 2 3 4  
Graduate 1 2 3 4

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**Work Experience**

| Position | Employer | Dates | Phone |
|----------|----------|-------|-------|
|          |          |       |       |
|          |          |       |       |
|          |          |       |       |

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**Volunteer Experience**

| Position | Employer | Dates | Phone |
|----------|----------|-------|-------|
|          |          |       |       |
|          |          |       |       |
|          |          |       |       |

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**References (other than relative or friend)**

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |

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*Volunteers are an important part of our library organization! Every effort will be made to match your unique skills and interests to a suitable position.*

I hereby authorize the Middleburgh Library to verify the above information and understand it will be treated as confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

