



Gowanda Free Library
 56 West Main St.
 Gowanda, NY 14070
 Tel: 716-532-3451
 Fax: 716-532-3415

Volunteer Application

Volunteer Information

Emergency Contact

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship: _____

Are you a:

☐ Volunteer (age 18 or over)

☐ Junior Volunteer (under the age of 18)

Availability for Volunteering:

☐ Regularly ☐ Periodically ☐ One-time or short-term project

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: _____	_____	_____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	_____	_____	_____

Reasons for Volunteering:

Employment History:

Employer: _____ Employer: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Supervisor: _____ Supervisor: _____

Employer: _____ Employer: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Supervisor: _____ Supervisor: _____

Education, interests or special skills: _____

What type of volunteering are you interested in? _____

GOWANDA FREE LIBRARY
VOLUNTEER AGREEMENT
(Age 18 or over)

I understand that I am a Volunteer for the Gowanda Free Library. As a volunteer, I understand that I will not be compensated (financially, or in any other manner) for my volunteer time. I further understand that I am not an employee of the Gowanda Free Library and I am not entitled to any benefits that are provided to employees of the Gowanda Free Library. I further understand that should I apply for future job openings, the Gowanda Free Library is under no obligation to hire me.

I understand that my volunteer service is “at will” and may be terminated at any time and for any reason, by myself or library administration, with or without notice. As a Gowanda Free Library volunteer, I will try and provide a minimum of 2 weeks’ notice to the B&ECPL to end my volunteer service.

As a volunteer, I agree to follow all Gowanda Free Library Patron and Employee Policies and Rules of Conduct. I understand my obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand I am not permitted to remove or make copies of any records, reports or documents from the Gowanda Free Library.

As I volunteer, I understand that I am under no obligation to perform duties that I feel may be outside of the scope of my physical abilities or which I consider hazardous to my health or well being. The Gowanda Free Library is not responsible for any injuries I may sustain while volunteering.

As a Gowanda Free Library volunteer, I am considered a library advocate and supporter and I agree to perform my volunteer duties in a professional and credible manner and act in the best interests of the Gowanda Free Library.

Signature: _____
Date:

GOWANDA FREE LIBRARY
JUNIOR VOLUNTEER AGREEMENT
(Under the age of 18)

I understand that my minor child is a Junior Volunteer for the Gowanda Free Library. As a volunteer, I understand that my minor child will not be compensated (financially, or in any other manner) for his/her volunteer time. I further understand that he/she is not an employee of the Gowanda Free Library and is not entitled to any benefits that are provided to employees of the Gowanda Free Library. I further understand that should he/she apply for future job openings, the Gowanda Free Library is under no obligation to hire him/her.

I understand that my minor child's volunteer service is "at will" and may be terminated at any time and for any reason by himself/herself or the library administration, with or without notice. As a Gowanda Free Library volunteer, he/she will try and provide a minimum of 2 weeks' notice to the Gowanda Free Library to end his/her volunteer service.

As a volunteer, my minor child agrees to follow all Gowanda Free Library Policies and Rules of Conduct. I understand his/her obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand he/she is not permitted to remove or make copies of any records, reports or documents from the Gowanda Free Library.

As a volunteer, I understand that my minor child is under no obligation to perform duties that he/she feels may be outside of the scope of his/her physical abilities or which he/she considers hazardous to his/her health or well being. I understand that the Gowanda Free Library is not responsible for any injuries he/she may sustain while volunteering.

As a Gowanda Free Library volunteer, my minor child is considered a library advocate and supporter and agrees to perform his/her volunteer duties in a professional and credible manner and act in the best interests of the Gowanda Free Library.

Minor(s) Name(s), Date of Birth (DOB), and Age

Name: _____	DOB: _____	Age: _____
Name: _____	DOB: _____	Age: _____
Name: _____	DOB: _____	Age: _____
Name: _____	DOB: _____	Age: _____

Legal Guardian's Signature: _____

Print Name: _____

Date: _____