

**AuSable Forks Free Library
9 Church Lane, P.O. Box 179
AuSable Forks, NY 12912**

Volunteer Information Sheet

If you are interested in volunteering to share your knowledge, expertise, or talents for special programming please let us know!

Please complete the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please circle the type(s) of volunteer activities you are interested in:

Weekly Occasional Special Programs/Events

Please check tasks that are of interest to you:

Shelving Typing and Computer work Reading for Story Time Program Assist with Summer Reading Program

Set-up/Clean-up for Special Programs Monthly Newsletter Distribution of newsletter Fund drive

Other: _____

I am available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

I will be unavailable for an extended period during the year: _____

I understand that the AuSable Forks Free Library will conduct a background check on all volunteers prior to beginning service.

I understand that an interview with the Director of the AuSable Forks Free Library will be conducted prior to beginning volunteer services.

I understand that no goods or services are given in exchange for any volunteer service.

Signature: _____ **Date:** _____