Liverpool Public Library
Volunteer Application*

Name: __________________________________________________
Address: ________________________________________________
City: _________________________ Zip code: ________________
Phone number: (home) ____________________ (cell) ______________ (text?) Yes or no ______
Email address: __________________________________________

Why do you want to volunteer at Liverpool Public Library? __________________________________________

_____________________________________________________________________________________________

What are your hobbies & interests? ________________________________________________________________

_____________________________________________________________________________________________

What, if any, is your previous volunteer experience? ________________________________________________

_____________________________________________________________________________________________

What days & times are you available to volunteer? __ weekdays __ weeknights __ weekends __ school breaks

Please check area in which you would like to volunteer:

○ Book Sorter (ongoing sorting of donated books)
○ Computer tutor (work one on one with patrons helping them learn basic computer skills, Internet, and email)
○ Community Engager (assist library staff at community events/fairs in the Liverpool, Salina, Clay area)
○ Garden Beautifier (Help maintain and weed the library gardens)
○ Program assistant (assist library staff with various programs based on your interest)
○ Used Book Sale Down Under (helping to prepare for, and work the book sale in September)
○ I attend LHS and need government class hours. Supervising teacher’s name: __________________________
○ Other: ___________________________________________________________________________________

Volunteer Signature: _____________________________________________ Date: ______________
(I attest that all information above is accurate and true to the best of my knowledge.)

Parent Signature: _____________________________________________ Date: ______________
(Required if volunteer is under age 18, volunteers must be 14 or older)

Emergency Contact during volunteer hours: Name: __________________________ Phone: __________

Questions? Email Deanna McGregor at Deanna.McGregor@lpl.org or call 457-0310 x131
Please mail this form to: Deanna McGregor, Liverpool Public Library, 310 Tulip Street, Liverpool, NY 13088
* Limited registration. A completed application does not guarantee acceptance. No court ordered community service opportunities available.  
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