

ONEONTA PUBLIC LIBRARY
Volunteer Information Form

LAST NAME, THEN FIRST NAME (PLEASE PRINT)

ADDRESS

PHONE NUMBER HOME CELL

SCHOOL ATTENDING (IF APPLICABLE)

CURRENT GRADE

I understand that I represent Oneonta Public Library while I am at work as a volunteer. I understand that volunteers are directly supervised by library staff and are to follow all staff directions. I understand that library volunteers are used as needed and that I will be required to remain inside the library at all times while serving as a volunteer.

SIGNATURE

TODAY'S DATE

PARENT / GUARDIAN NAME (PLEASE PRINT)

PHONE NUMBER HOME CELL

I understand that my child will act as a library volunteer on a part-time basis as needed. I understand that it is my responsibility to provide or arrange transportation to and from the library unless the library director is informed otherwise. I understand that the library staff will supervise volunteers but will not be responsible for the safety or behavior of my child.

PARENT / GUARDIAN SIGNATURE

TODAY'S DATE