www.NewfanePublicLibrary.org
2761 Maple Avenue Newfane, NY 14108
Phone & Fax: (716) 778-9344
NewfaneLibrary@Nioga.org

Friends of the Library Volunteer Form

Name:_____

Address:_____

_____

Phone Number:_____ Email Address*:_____

**Please note that email will be the default form of contact for mass communication.*
Mark here if you would prefer phone calls for updates ☐

Availability

Day *(check all that apply)*	**Time(s) Available**
☐ Monday	
☐ Tuesday	
☐ Wednesday	
☐ Thursday	
☐ Friday	
☐ Saturday	

I would be interested in joining the following committees *(check all that apply)*

- ☐ Beautification (Indoor & outdoor decorating)
- ☐ Collection (Shelve items, organize, and clean when needed)
- ☐ Donation sorting (Sorts books & other items for sale)
- ☐ Prizes (Purchasing & soliciting donations for prizes)
- ☐ Programming (Planning and running library events)
- ☐ Promotions (Promoting the library in the community)

☐ I would be interested in being chair of a committee

Which committee? _____

☐ I would be interested in being chair for the Friends Group:

- ☐ President
- ☐ Vice President
- ☐ Secretary
- ☐ Treasurer

See back to continue

Other Interests or Skills *(optional):*_____

_____

_____

_____

_____

_____

_____

_____

_____

Emergency Contact

Name:_____

Phone Number:_____ Email Address:_____

Relationship to me

Partner/Spouse	Sibling	Parent
Child	Friend	Neighbor

I verify that all information in this application is true and complete. I understand false information may disqualify me from service. I understand that as a volunteer I must abide by all Newfane Public Library behavioral policies. Any behavioral policies broken may disqualify me from service with no notice.

Volunteer Signature:_____ Date:_____