



## West Nyack Free Library

65 Strawtown Road  
West Nyack, New York 10994-1898 | (845)358-6081  
[www.westnyacklibrary.org](http://www.westnyacklibrary.org)

# Volunteer Application

Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip Code)

Email Address: \_\_\_\_\_

How do you prefer to be contacted: \_\_\_\_\_

Days & Hours Available : \_\_\_\_\_

Past Volunteer/Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Education/Grade : \_\_\_\_\_

Special Skills or Interests: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

How did you hear about our Volunteer program? \_\_\_\_\_

Please attach resume (if available).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_