



West Nyack Free Library

65 Strawtown Road
West Nyack, New York 10994-1898 | (845)358-6081
www.westnyacklib.org

Volunteer Application

Name: _____

Address: _____
Street State Zip Code

Home Phone: () _____ Cell Phone: () _____

Email Address _____

How do you prefer to be contacted? _____

Days & Hours Available: _____

Past Volunteer/ Work Experience: _____

Education: _____

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 _____