Palisades Park Public Library

257 2nd Street ~ Palisades Park, NJ 07650 ~ 201-585-4150

Volunteer Application:

Date: _____

Name: (*first & last*): _____

Age: _____

School Name & Grade Level: _____

How many hours do you need to complete? _____

Are these required hours for your school/church etc.? _____

Is this your first time volunteering at the Palisades Park Library? _____

If no, what year did you volunteer & what tasks did you do? _____

_____

Contact Information (phone number or email) _____

**All applications will be reviewed by the Library Director – Susan Kumar*

We will only be able to accept **a maximum of four volunteers at any given time.*

Once approved, there will be a **probation period of 6 hours*

**Volunteers are responsible for keeping track of the hours they have worked. They must sign in and out of our volunteer binder.*

**Volunteers will receive a letter of recommendation upon completion of hours. We will keep records of volunteer hours for one year after completion of service.*

Visit our website for the full list of volunteer policies & guidelines:
http://palisadespark.bccls.org/policies/libraryvolunteers.shtml

