



POUGHKEEPSIE PUBLIC LIBRARY DISTRICT

SHORT-TERM VOLUNTEER APPLICATION AND REPORT

Name: _____

Phone Number: _____ Email Address: _____

Name of School/Organization: _____

Number of Volunteer/Service Hours Needed: _____

Desired Start Date: _____ Hours Needed By: _____

Complete the top portion of this application submit it in one of the following ways:

By Email: volunteer@poklib.org

By USPS Mail:
Volunteers
Poughkeepsie Public Library District
93 Market Street
Poughkeepsie, NY 12601

Drop Off:
Administrative Office
Adriance Memorial Library
93 Market Street
Poughkeepsie, NY

Library District Confirmation of Volunteer/Service Hours

On _____, the above named student completed _____ hours of service work for the Poughkeepsie Public Library District.

Signed By: _____ Phone Number: _____

Print Name: _____ Date: _____

The Library District is committed to a work environment free from harassment. Short-term student volunteers are not required to attend training but are expected to conduct themselves in a manner consistent with the Library District's work environment standards. Any harassment is to be reported immediately to the volunteers job-site supervisor.

Date of Form: January 14, 2026