



Volunteer/Community Service Application

NOTICE TO APPLICANT: Thank you for your interest in serving our community through work at the William Jeanes Memorial Library. Volunteers are a very important component of our workforce. Because we rely on our volunteers to enable us to provide the best service possible to the community, we ask that our volunteers commit to an agreed upon schedule and give reasonable notice if unable to report to work. If you will be away for any period of time, notify the volunteer coordinator for a list of possible substitutes during your absence. The volunteer coordinator will determine the nature and scope of each volunteer's job in the library within two weeks of the initial interview.

I am a (check all that apply):

- Middle School Student (Age _____)
- High School Student (Age _____)
- College Student (Age _____)
- Adult
- Senior

I am seeking this volunteer position:

- To satisfy school/class/scholarship/other requirements which I need to complete by: _____
- To become a regular volunteer

Last Name: _____

First Name: _____

Middle Name: _____

Street Address: _____

Apt. No.: _____

City: _____

State: _____ Zip Code: _____

Phone (Daytime): _____

Phone (Evening): _____

Email Address: _____

Education:

High School/GED

Name: _____

Location: _____

Dates Attended: _____

College/University

Name: _____

Location: _____

Dates Attended: _____

Degree/Area of Study: _____

College/University

Name: _____

Location: _____

Dates Attended: _____

Degree/Area of Study: _____

Skills:

Computers (check all that apply)

- Word Windows Internet Explorer
- Other : _____

Foreign Languages (check all that apply)

- Chinese Hindi Korean Spanish Urdu
- Vietnamese Other: _____

Please list any special interests, skills or hobbies: _____

Please list any physical limitations the library should know about: _____

Please mark the areas you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Shelving items | <input type="checkbox"/> Shopper | <input type="checkbox"/> Book Discussion Group Leader |
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Book Sales | <input type="checkbox"/> Community Info Desk/Display Board |
| <input type="checkbox"/> Book Processing | <input type="checkbox"/> Photographer | <input type="checkbox"/> Recycling Assistant |
| <input type="checkbox"/> Garden Projects/Plant Maintenance | <input type="checkbox"/> Bulletin Boards/displays | <input type="checkbox"/> Program/Project Help |
| <input type="checkbox"/> Clerical Tasks | <input type="checkbox"/> July 4th/Township Day, etc. | <input type="checkbox"/> Arts & Crafts Ability |
| <input type="checkbox"/> Cleaning Materials | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other: _____ |

Work Experience (most recent):

1. Company Name: _____

Address: _____

Phone: _____

Supervisor: _____

2. Company Name: _____

Address: _____

Phone: _____

Supervisor: _____

References:

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

Have you volunteered or worked for the William Jeanes Memorial Library?

Yes No

If yes, give date(s): _____

Volunteer position: _____

Why are you interested in volunteering at the William Jeanes Memorial Library?

Are you available for (check all that apply): Short-term projects On call as needed

Ongoing projects (working on a weekly basis)

If volunteer hours have been assigned by school, the court system, or other program, please indicate:

Name of school/program: _____

Number of hours: _____

Date by which hours must be completed: _____

Availability

Time slots you are available: (indicate the hours you are available; e.g., 10am to 2pm)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Begin							
End							

Would you consider substituting for a volunteer who is sick or on vacation? _____

Are there any days or times of day when you are NOT available? _____

Person to contact in case of emergency

(Keep all information current, especially your emergency contacts)

1. Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

2. Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Applicant's Statement

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer service decision.

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time. I understand that activities are voluntary and I am participating at my own risk. By signing this application, I agree to abide by the William Jeanes Memorial Library policies. I agree to keep confidential all library user information or library records I may encounter.

I understand that, if accepted as a volunteer, it is necessary for me to abide by the rules and policies of the William Jeanes Library. If accepted as a volunteer, I agree to pay for, at my own expense, the Child Abuse background check of \$10.00 (monies reimbursed after 30 hours of volunteer time) with the understanding that continued volunteer time is contingent upon the results of this background check.

By signing this form, I hereby acknowledge I have read and understood the above statements.

Signature of Applicant: _____ Date: _____

Print Name: _____

Parent /Legal Guardian signature is required of any volunteer applicant under 18 years of age.

Signature: _____

Print Name: _____

WJN _____

How did you learn about the William Jeanes Memorial Library? (check all that apply)

- The library's web site
- Poster or flier in the library branch
- Referral from a library volunteer
- Referral from a library employee
- Newspaper: _____
- Other: _____