

General Information

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: _____ Email: _____

Volunteer Experience & Skills

Have you previously worked/volunteered at a library? If so, what duties did you perform?

What skills or experiences do you have that would be helpful as a library volunteer?

Why would you like to volunteer at the Jefferson Public Library?

Schedule

Please check available volunteer times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How many hours are you available to work each week?

References

Please provide two references.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____

Volunteer Opportunities

Please check areas of interest. (Note: Opportunities are subject to availability and Library need)

- Shelving**
- Shelf reading and straightening**
- Program assistance**
Assist with activities, preparation, cleanup, and room monitoring during programs as needed.
- Special projects**
Assist staff with craft preparation, collection shifting, and more as needed.
- I would like more information about the Friends of the Jefferson Public Library**
- Community Service** (court orders, tickets, and related documentation listing offense must be attached)

In signing this form, I acknowledge that my services for the Library are free and are intended as a contribution of public service for the Library, its patrons, and the community. I agree to abide by all the rules of conduct governing the staff of the Library in performing my services. As a volunteer, I hereby acknowledge that I will perform my services in good faith and to the best of my ability under the general guidelines provided.

I confirm that I am 18 years or older, or if under 18, I have permission from a parent/guardian. I understand my eligibility as a volunteer is contingent upon an interview and the availability of work. If I cannot work an assigned shift, I will notify the volunteer coordinator as soon as possible. For any reason whatsoever either you or the Library may terminate this volunteer agreement.

The Jefferson Public Library appreciates your willingness to volunteer your services to assist the Library, its patrons, and the community. Personal information collected for these purposes will only be used internally at the Library and will only be disclosed to you, except if the law requires disclosure to a third party. Files are kept one year from the date of inactivity.

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Please return this application to the Adult Circulation Desk at the Jefferson Public Library. Questions may be directed to information@jeffersonwilibrary.org or (920) 674-7733.