



VOLUNTEER APPLICATION

If accepted, your responsibilities will include reporting to work on time, dressed in a neat, clean and professional manner. You will be helping the library uphold its mission to the community and are expected to provide friendly and informative service to all visitors and customers of the library. We expect nothing less than excellence from our volunteers.

(Please print)

Name (First) _____ (Middle) _____ (Last) _____ Date _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Emergency Contact _____ Relationship _____

Cell Phone _____ Additional Phone # _____

EDUCATION

	Name & Location of School	Course of Study	# of Years	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS WORK EXPERIENCE

Current or Last Employer _____

Street Address _____ City _____ State _____

Telephone # _____ Supervisor _____

VOLUNTEER WORK EXPERIENCE

Company _____

Street Address _____ City _____ State _____

Telephone # _____ Supervisor _____

BACKGROUND INFORMATION

Special Interests, Skills, and Hobbies _____

Why do you want to volunteer at JTPL? _____

Type of work preferred _____

Preferred Location: Jeffersonville Clarksville

Physical Limitations _____

What type of volunteer commitment can you make?

Long-Term, if I enjoy it.

Short-Term—this is for school or work requirement.

Are you at least 16 years old? Yes No

Do you have a valid driver's license? Yes No

The Library is open 6 days a week. What days and times are you available?

	Anytime	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCE List two references who are not related to you and are knowledgeable of your work.

Name _____ Telephone _____

Company _____ Job Title _____

Name _____ Telephone _____

Company _____ Job Title _____

Have you been convicted of a felony within the last 5 years? Yes No

If you selected "yes", please feel free to use space on the back of this sheet to provide additional information.

Your signature certifies that the answers given herein are true and complete. You authorize the investigation of all statements contained in this application for volunteer as may be necessary in arriving at a volunteer decision. This application for volunteering shall be considered active for 6 months. After that 6 month period if you're still interested in volunteering at the Library you will have to reapply.

SIGNATURE _____ **DATE** _____

Volunteer's Statement

I understand that before starting a volunteer assignment, I may be asked to participate in a volunteer screening process and to review and understand Library policies as outlined in the Jeffersonville Township Public Library policy manual. Once accepted as a Library volunteer, I will regard my volunteer assignment as a serious commitment and abide by JTPL policies. Should my conduct or performance be deemed unsatisfactory for any reason, I agree to accept release from my assignment.

I grant the Library permission to obtain information from references that I have provided. I certify that the statements in this application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I understand that I will not be paid for my services as a volunteer and that I may cancel my voluntary relationship with the Library at any time.

I understand that I will not be covered by Worker's Compensation and I release the JTPL from all claims as a result of any injury that may arise during my volunteer activities. If I use my own car while performing volunteer duties, I am responsible for my own insurance and any cost associated with using my own vehicle. I agree to supply the library with a copy of a valid driver's license and proof of insurance. I agree to hold the Library harmless from any loss, damage or cost incurred. By signing this application, I release the JTPL from any liability in this regard.

Volunteer's Signature _____ **Date** _____

Permission of Parent/Guardian for Youth Volunteer

I voluntarily give my permission for _____ to volunteer at the Jeffersonville Township Public Library and have read and agree to the statement above.

Signature of parent/guardian

Date

Parent/guardian's name – Printed

Telephone number(s)

Birth date of youth volunteer

For Library Use Only:

Interviewer: _____ Date: _____ Location _____

Comments: _____
