

VOLUNTEER APPLICATION FORM

ST. JOSEPH COUNTY PUBLIC LIBRARY
304 S. Main Street South Bend IN 46601
(574) 282-4646

Directions: Complete each section on both pages. Please print clearly. **If you are between 8 and 17 years of age, a parent/guardian's signature is required.**

Please Print in Ink

Date of Application _____

Name

Street Address

City State Zip Code

Phone: (H) _____ (W): _____ (E-mail): _____

I am at least 18 year of age
 I am under 18 years of age, please provide Month and Year of Birth: __/ __

Circle location (s) where you want to volunteer:

Main LaSalle River Park Francis Western Tutt N. Liberty Lakeville Centre Book Sale

Education: Current School: _____ Highest grade completed: _____

Employment (or most recent if not currently employed):

Are your currently employed? Yes__ No__

If, yes, give present position _____ Part-time__ Full-time__

Employer: _____ Occupation/Title: _____

Duties: _____

Emergency Contact Person:

Name: _____ Phone: _____ Relationship _____

Availability: Days and hours you are available to volunteer:

Volunteer Experience: Have you had previous volunteer experience? Yes ___ No ___
If so, where and what was your task?

Interests and Skills: List your skills, hobbies, and interests.

What volunteer activity or activities would you like to pursue at the library?

References: If you are 18 years or older, please list two references in the space provided below (no family members):

Name _____ Address: _____ Phone: _____

Name _____ Address: _____ Phone: _____

Please sign below when you have read and understand this statement.

I understand that this information may be disclosed to any party with legal and proper interest, and I release the Library from any liability for supplying such information. I grant the Library permission to obtain information from references, which I have provided. I certify that the statements made in this volunteer 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 AM VOLUNTEERING MY TIME FOR PERSONAL REASONS. I UNDERSTAND THAT I WILL NOT BE PAID FOR MY SERVICES AS A VOLUNTEER AND I EXPECT NO COMPENSATION.

Applicant's signature _____ Date: _____

If I am between 8 and 17 years of age I can only be considered as a special volunteer who serves the Library on "an occasional" basis for special events, projects or library functions.

My son or daughter has my permission to serve as a special project volunteer at the St. Joseph County Public Library. I understand that as a special volunteer he/she participates on "an occasional" basis for special events, projects or library functions.

Parent/Guardian's signature: _____ Date: _____

(Required if applicant is under 18 years of age)

(revised 6/2008)