

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

Received by: _____ Date Received: _____
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Library volunteers regularly donate time and talent and are at least 18 years of age. Drug testing and a criminal history check may be required as a condition of volunteering at SJCPD for ages 18 and over.

Special Projects volunteers are 12 years of age or older and volunteer on an occasional basis for special projects, events, library functions, or book sales. Written consent of a parent or legal guardian is required for volunteers under 18 years of age.

Date of Application \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Library Card Number: 2 1986 \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

How would you prefer to be contacted? Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail \_\_\_\_\_ Doesn't matter \_\_\_\_\_

\_\_\_ I am at least 18 years of age. If under 18 years of age please provide Birthdate: \_\_\_/\_\_\_/\_\_\_

**Education** Highest grade completed if still in school: \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Check the location(s) where you would like to volunteer:**

**MAIN LIBRARY DEPARTMENTS:**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Reference   | <input type="checkbox"/> Teens              | <input type="checkbox"/> Local & Family History  |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Mags/News/Fiction  | <input type="checkbox"/> Acquisitions/Cataloging |
| <input type="checkbox"/> Children's  | <input type="checkbox"/> Homebound Delivery |  |

**BRANCHES:**

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Francis     | <input type="checkbox"/> River Park | <input type="checkbox"/> Western       |
| <input type="checkbox"/> Centre Twp. | <input type="checkbox"/> Tutt       | <input type="checkbox"/> North Liberty |
| <input type="checkbox"/> German Twp. | <input type="checkbox"/> LaSalle    | <input type="checkbox"/> Lakeville     |

**MORE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Book Sales-Quarterly | <input type="checkbox"/> Book Sales-Weekly Store Preparation |
| <input type="checkbox"/> 1st Friday Book Sale | <input type="checkbox"/> Special Projects/Programs           |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Shelf Maintenance        | <input type="checkbox"/> Display Maintenance       | <input type="checkbox"/> Book Sale                  |
| <input type="checkbox"/> Program Asst. (Children) | <input type="checkbox"/> Basic Computer Assistance | <input type="checkbox"/> Clerical/Filing/Data Entry |
| <input type="checkbox"/> Program Asst. (Adult)    | <input type="checkbox"/> Homebound Delivery        | <input type="checkbox"/> Special Projects/Programs  |
| <input type="checkbox"/> Shelving Assistant       | <input type="checkbox"/> Withdrawing Material      |   |
| <input type="checkbox"/> Processing/Mending       | <input type="checkbox"/> Local History Assistant   |   |

**Volunteer Experience:** Have you had previous volunteer experience? Yes \_\_\_ No \_\_\_  
If so, where and what did you do?

**Number of Hours /Week desired:** \_\_\_\_\_. (Hours are flexible, depending on the needs of the Library and the volunteer's availability. Volunteers generally average 2-4 hours per week.)

**Are you volunteering for community service experience?** Yes \_\_\_\_ No \_\_\_\_  
(Please note that the Library cannot accept volunteers doing community service as required by the court system.)

**If 'Yes', how many hours are needed?** \_\_\_\_ By what date are they needed? \_\_\_\_\_

**Availability: Days and hours you are available to volunteer:**

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

**References:** If you are 18 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.**

If this application is not completely filled out, you may not be considered for volunteer service with our library. Placements are made on the availability, skills, and interests of the potential volunteer and the needs of the library. Applications are kept on file for 90 days.

I understand that drug testing and a criminal history check for ages 18 and over may be required as a condition of volunteering at SJCP. The expense will be borne by the Library.

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 12 and 17 years of age I can only be considered as a special project 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 projects 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)

*For Library Use Only.*

Application sent to: _____	Acknowledgement: Given _____ Mailed _____
Application sent to: _____	Date: _____
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