



JACKSON CITY LIBRARY

Volunteer Application
(740) 286-4111
(740) 286-4112

Name: _____

Address: _____

Telephone(s): _____

Email Address: _____

Emergency Contact(s):

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

I am a...

Middle School Student	High school student	College Student
Parent	Senior	Adult

Do you have any health restrictions?

If so, please explain:

Have you ever been convicted of a crime?

If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction:



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The area(s) in which I have experience and/or would like to volunteer my time are:

<input type="checkbox"/> General Clerical	<input type="checkbox"/> Shelf Reading	<input type="checkbox"/> Potter Room
<input type="checkbox"/> Special Events	<input type="checkbox"/> Book Shelving	<input type="checkbox"/> Light Cleaning
<input type="checkbox"/> Adult Programs	<input type="checkbox"/> Genealogy Helper	<input type="checkbox"/> Fix-It Person
<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Outreach	<input type="checkbox"/> Gardening

Please describe any employment, volunteer work, educational experience, special skills, or language training that you feel would be relevant to your interest in volunteering:

Indicate what day(s) and/or times you would be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 10am-2pm
<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-6pm	<input type="checkbox"/> 2pm-5pm

Why do you want to volunteer?

Are you a library patron?

Are you over 16? Under 16?

If you are under 16, you must have parental permission to volunteer at the library.



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Parents:

Please read and sign to indicate your permission to volunteer at the library.

I acknowledge my child's application to the volunteer program at the Jackson City Library, and if accepted, I agree to make the appropriate transportation agreements.

Signature of Parent

Date

Please sign below after you have read and understand all statements.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and excludes the Jackson City Library from any liability for supplying such information.

I understand that the Jackson City Library reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of the library service or safety of the library staff and patrons.

I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor as soon as possible.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library which I am assigned. I further understand that as a volunteer, I am not eligible to receive workers compensation insurance.

I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the Jackson City Library, should I ever apply for a position.

I will not hold the Jackson City Library liable for any injuries incurred during my volunteer time at the library.

Applicant's Signature

Date

Library Use Only:

Date: _____

Volunteer Supervisor: _____

Interview Date: _____

Training Date: _____

Volunteer Service Begins: _____

Volunteer Service Ends: _____

Comments: