



# VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

NAME:		DATE OF BIRTH (if under 18):
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE #:	ALTERNATE #:	EMAIL:

Student Yes <input type="checkbox"/> No <input type="checkbox"/> School _____	Community Service Yes <input type="checkbox"/> No <input type="checkbox"/> Court Appointed Yes <input type="checkbox"/> No <input type="checkbox"/> Required Volunteer Hours _____ Date To Be Completed _____
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**Areas of Interest**

Friendly Visitor <input type="checkbox"/>	Book Buddy Volunteer <input type="checkbox"/>	Help with Special Events <input type="checkbox"/>
Work inside Library <input type="checkbox"/>	Work outside Library <input type="checkbox"/>	Other _____

Are you currently employed? Yes  No  Employer \_\_\_\_\_

List any skills, training, languages spoken, that may be useful to the Library

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experiences

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experiences working with children

\_\_\_\_\_

\_\_\_\_\_

List any physical limitation that needs our consideration or may affect your ability to perform as a volunteer.  
*(An affirmative response will not disqualify you from being considered).*

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Name	Relationship to You	Telephone
1.		
2.		

Please continue on reverse side.

Have you ever pled guilty or no contest to, or been convicted of a crime?  Yes  No

If yes, please explain . *(An affirmative response will not automatically disqualify you from being considered).*

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

I certify that all information I have provided in order to apply for a Volunteer position at the Johnson City Public Library is true and complete. I understand that if I provide false information I may be withdrawn from consideration for a volunteer position.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Parental Consent (parent's signature required for applicants under age 18)**

I consent to allow my child, \_\_\_\_\_, to participate in the Johnson City Public Library Volunteer program. I understand that JCPL can not provide transportation to or from the library and can not be responsible for constant supervision of my child.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAFF USE ONLY**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_