



# Johnson City Public Library

## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Volunteer Position Applied for: \_\_\_\_\_

Are you a student? YES  NO  School \_\_\_\_\_

Community Service? YES  NO  Required Number of Hours \_\_\_\_\_ Date To Be Completed \_\_\_\_\_

Court Appointed? YES  NO  Have you ever pled guilty or no contest to, or been convicted of a crime? (An affirmative response will not automatically disqualify you from being considered) YES  NO

If yes, explain: \_\_\_\_\_

Are you currently employed? YES  NO  Employer: \_\_\_\_\_

### Experience

List any skills, training, languages spoken, that may be useful the Library: \_\_\_\_\_

List previous volunteer experiences: \_\_\_\_\_

List previous volunteer experiences working with children: \_\_\_\_\_

Referral Source (How did you hear about volunteer opportunities at JCPL?): \_\_\_\_\_

**References**

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

**Emergency Contact Information**

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

**Disclaimer and Signature**

*I understand that when I volunteer at the Johnson City Public Library, my actions are a reflection on myself as well as my organization or school. I understand that the Johnson City Public Library reserves the right to screen volunteers, to accept or reject any applications, and place applicants in specific locations and positions based on the needs of the library. I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the library. I understand that my volunteer service may end at any time for any reason with or without notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent (required for applicants under age 18)**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_