



JOHNSON COUNTY  
PUBLIC LIBRARY

## VOLUNTEER APPLICATION

### Office Use Only

Date of App. \_\_\_\_\_  
Contact Date: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
Dress Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Date \_\_\_\_\_ ☐ Adult ☐ Youth (12-16)

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### Library Location Preference *(check all that apply)*

☐ Franklin Library  
401 State St., Franklin

☐ White River Library  
1664 Library Blvd., Greenwood

☐ Clark Pleasant Library  
530 Tracy Rd., New Whiteland

☐ Trafalgar Branch  
424 Tower St., Trafalgar

### Availability

How many hours per week do you wish to volunteer? \_\_\_\_\_

Do you wish to volunteer... ☐ weekly ☐ monthly ☐ as needed?

Is this a service project you need to fulfill? ☐ Yes ☐ No

If yes, how many hours do you need to complete? \_\_\_\_\_ Completed by what date? \_\_\_\_\_

Please indicate which days and times you would be available to volunteer?

|           | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning   |        |         |           |          |        |          |
| Afternoon |        |         |           |          |        |          |
| Evening   |        |         |           |          |        |          |

### Do you have any physical limitation necessitating special consideration in job assignments?

☐ No ☐ Yes *(please list)* \_\_\_\_\_

### Experience/Skills

What relevant skills and/or experience will you bring to our Volunteer Program? *(please list)*

OVER

**Please check the area(s) of volunteer interest:**

**Franklin Library, White River Library, Clark Pleasant Library, Trafalgar Branch, Prince's Lakes Station**

- ☐ Assisting in Franklin Historical Room (helping patrons, Obituary Index project, etc.)
- ☐ Assisting with children's programs
- ☐ Assisting with adult programs
- ☐ Assisting with Special Events (ex. fairs and festivals)
- ☐ Cleaning (dusting, sweeping, straightening, etc.)
- ☐ Clerical (typing, sorting, copying, filing, stamping, etc.)
- ☐ Entering data into computer
- ☐ Making phone calls
- ☐ Outside maintenance
- ☐ Preparing for crafts (cutting, coloring, etc.)
- ☐ Preparing for mailings (folding, stuffing, sorting, etc.)
- ☐ Repairing books and videos
- ☐ Shelf-reading (searching shelves for misplaced items)
- ☐ Sorting items for shelving

**Friends of JCPL**

- ☐ Assisting with Annual Meeting
- ☐ Assisting with February Membership Drive
- ☐ Sorting Books for Used Book Sales
- ☐ Working Used Book Sales

**Adult Learning Center**

- ☐ Assisting as a BabyTALK Hospital Visitor
- ☐ Assisting with Head Start Family Night
- ☐ Assisting with Clerical Duties in the ALC Office
- ☐ Tutoring Adult Students
- ☐ Tutoring ESL Students

**How did you hear about the Johnson County Public Library Volunteer Program?**

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I understand that before starting a volunteer assignment, I may be asked to participate in a volunteer screening process and to review and understand Library policies as outlined in the Johnson County Public Library Volunteer Handbook. Once accepted as a Library Volunteer, I will regard my volunteer assignment as a serious commitment and abide by the Johnson County Public Library Policies. Should my conduct or performance be deemed unsatisfactory for any reason, I agree to accept release from my assignment.

I understand that I will not be paid for my volunteer work and that I may cancel my volunteer relationship with the Johnson County Public Library at any time.

Additionally, I release the Johnson County Public Library and its respective agents from all claims as a result of any injury that may arise during my volunteer activities. I agree to hold the Library harmless from any loss, damage or cost incurred.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Permission of Parent/Guardian for Youth Volunteer (age 12-16)**

I voluntarily give my permission for \_\_\_\_\_ to volunteer at the Johnson County Public Library and have read and agree to the statement above.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's name printed \_\_\_\_\_ Telephone Numbers(s) \_\_\_\_\_