

## **VOLUNTEER APPLICATION**

Office Use Only
Date of App.
Contact Date:
Interview Date:
Dress Code:
Start Date:
End Date:

				E-ma	il		Birthdate	
ddress			Ci	City			Zip	
ome #		Cell # _		Worl	x #			
Emergency Contact				Relationship				
Home #		_ Cell #		Wo	ork #			
How many how Do you wish to	o voluntee e project y	ou need to	weekly [	☐monthly Yes ☐No plete?	□as r		y what date?	
Is this a service If yes, how Please indicate		<u> </u>						
If yes, how	which da	<u> </u>	wednesday		ole to vo			
If yes, how		<u> </u>						

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

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

Franklin Branch, White River Branch, Clark Pleasant Bran  Assisting with children's programs	ch, Trafalgar Branch
<ul> <li>☐ Assisting with adult programs</li> <li>☐ Assisting with Special Events (ex. fairs and festivals)</li> <li>☐ Cleaning (dusting, sweeping, straightening, etc.)</li> <li>☐ Clerical (typing, sorting, copying, filing, stamping, etc.)</li> <li>☐ Entering data into computer</li> <li>☐ Making phone calls</li> <li>☐ Preparing for crafts (cutting, coloring, etc.)</li> <li>☐ Preparing for mailings (folding, stuffing, sorting, etc.)</li> <li>☐ Repairing books and videos</li> <li>☐ Shelf-reading (searching shelves for misplaced items)</li> <li>☐ Sorting items for shelving</li> </ul>	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 with Clerical Duties in the ALC Office Tutoring Adult Students Tutoring ESL Students
How did you hear about the Johnson County Public Lil	orary Volunteer Program?
I understand that before starting a volunteer assignment, I may be to review and understand Library policies as outlined in the Jo accepted as a Library Volunteer, I will regard my volunteer assignment.	hnson County Public Library Volunteer Handbook. Once gnment as a serious commitment and abide by the Johnson
County Public Library Policies. Should my conduct or perform accept release from my assignment.	nance be deemed unsatisfactory for any reason, I agree to
I understand that I will not be paid for my volunteer work and the County Public Library at any time.	at I may cancel my volunteer relationship with the Johnson
Additionally, I release the Johnson County Public Library and it that may arise during my volunteer activities. I agree to hold the	
Applicant's Signature	Date
Permission of Parent/Guardian for	r Youth Volunteer (age 12-16)
I voluntarily give my permission for	to volunteer at the Johnson County
Signature of parent/guardian	Date
Parent/Guardian's name printed	Telephone Numbers(s)