

VOLUNTEER APPLICATION
ST. JOSEPH COUNTY PUBLIC LIBRARY
304 S. Main Street South Bend IN 46601
(574) 282-4646

Library volunteers regularly donate time and talent and are residents or real property taxpayers of the SJCPD taxing district or hold a valid non-resident fee card and are at least 18 years of age.

Special Project volunteers are 8 years of age or older and volunteer on an occasional basis for special projects, events, library functions or book sales. Written consent of a parent or legal guardian is required for volunteers under 18 years of age.

Directions: Complete each section on both pages. Please print clearly in ink.

Date of Application _____

Name: _____ Library Card Number: 2 1986 _____

Street Address: _____

City: _____ State _____ Zip Code _____

Phone: (H) _____ (W): _____ (C): _____ E-mail: _____

I am at least 18 years of age

I am under 18 years of age, please provide Month and Year of Birth: ____ / ____

Education (if still in school): Highest grade completed: _____

Emergency Contact Person:

Name: _____ Phone: _____ Relationship _____

Check the location(s) where you would like to volunteer:

MAIN LIBRARY DEPARTMENTS:

Reference Circulation Children's Literacy/Outreach Acquisitions Teens
 Magazines/Newspapers/Fiction Local/Family History Sights & Sounds Cataloging

BRANCHES:

Francis Centre Twp German Twp River Park Tutt
 Lasalle Western North Liberty Lakeville

MORE:

Book Sale Special Projects Teen Advisory

Availability: Days and hours you are available to volunteer:

<input type="checkbox"/> Monday Morning	<input type="checkbox"/> Monday Afternoon	<input type="checkbox"/> Monday Evening
<input type="checkbox"/> Tuesday Morning	<input type="checkbox"/> Tuesday Afternoon	<input type="checkbox"/> Tuesday Evening
<input type="checkbox"/> Wednesday Morning	<input type="checkbox"/> Wednesday Afternoon	<input type="checkbox"/> Wednesday Evening
<input type="checkbox"/> Thursday Morning	<input type="checkbox"/> Thursday Afternoon	<input type="checkbox"/> Thursday Evening
<input type="checkbox"/> Friday Morning	<input type="checkbox"/> Friday Afternoon	
<input type="checkbox"/> Saturday Morning	<input type="checkbox"/> Saturday Afternoon	
	<input type="checkbox"/> Sunday Afternoon	

Number of Hours /Week desired: _____.

Are you volunteering for community service experience? Yes ____ No ____

(Please note that the Library cannot accept volunteers doing community service as required by the court system.)

If 'Yes', how many weeks are needed? _____

Volunteer Experience: Have you had previous volunteer experience? Yes ___ No ___
If so, where and what was your task?

What volunteer activity or activities would you like to pursue at the library?

- | | | |
|--|--|---|
| <input type="checkbox"/> Shelf Maintenance (Books) | <input type="checkbox"/> Shelf Maintenance (Mags/News) | <input type="checkbox"/> Shelf Maintenance (AV) |
| <input type="checkbox"/> Withdrawing Material | <input type="checkbox"/> Clerical/Filing/Data Entry | <input type="checkbox"/> Gardening Assistant |
| <input type="checkbox"/> Program Assistance (Children) | <input type="checkbox"/> Program Assistance (Adult) | <input type="checkbox"/> Local History Assistant |
| <input type="checkbox"/> Homebound Delivery | <input type="checkbox"/> Special Events Assistant | <input type="checkbox"/> Display Maintenance |
| <input type="checkbox"/> Basic Computer Assistance | <input type="checkbox"/> Shelving Assistant | <input type="checkbox"/> DVD/CD Cleaner |
| <input type="checkbox"/> Teen Advisory | <input type="checkbox"/> Book Sale | <input type="checkbox"/> Anything and Everything! |

References: If you are 18 years or older, please list two references in the space provided below (no family members):

Name _____ Address: _____ Phone: _____
Name _____ Address: _____ Phone: _____

Please sign below when you have read and understand this statement.

If this application is not completely filled out, you may not be considered for volunteer service with our library. Placements are made on the availability, skills, and interests of the potential volunteer and the needs of the library. Applications are kept on file for 90 days.

I understand that this information may be disclosed to any party with legal and proper interest, and I release the Library from any liability for supplying such information. I grant the Library permission to obtain information from references, which I have provided. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's signature _____ **Date:** _____

If I am between 8 and 17 years of age I can only be considered as a special project volunteer who serves the Library on "an occasional" basis for special events, projects or library functions.

My son or daughter has my permission to serve as a special project volunteer at the St. Joseph County Public Library. I understand that as a special volunteer he/she participates on "an occasional" basis for special events, projects or library functions.

Parent/Guardian's signature: _____ **Date:** _____
(Required if applicant is under 18 years of age)

For Library Use Only:

Application sent to: _____ Date: _____
Application sent to: _____ Date: _____
Application sent to: _____ Date: _____