

# Volunteer Application

## Avon-Washington Township Public Library

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EDUCATION

Education Background \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

If Student - Is this for school? If so, how many hours are required and by when do they need to be completed?

\_\_\_\_\_

### VOLUNTEER EXPERIENCE AND SKILLS

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

In what department(s) would you like to volunteer? (circle all that apply)

Administration

Children's/Teen

Circulation

Friends of the Library

Huron Heritage Room

Tech. Services

Interests & Skills (List your skills, hobbies and interests): \_\_\_\_\_

\_\_\_\_\_

What skills do you have that you would like to use at the library? \_\_\_\_\_

\_\_\_\_\_

### AVAILABILITY

At what times are you interested in volunteering? (circle all that apply)

Flexible

Weekdays

Weekends

Days

Evenings

Other: \_\_\_\_\_

### REFERENCES

Please list two non-family references:

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

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

### EMERGENCY CONTACTS

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

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

**CONSUMER/LAW ENFORCEMENT REPORT AUTHORIZATION**

I authorize the Avon-Washington Township Public Library to conduct an investigation into the facts stated in this application including a personal background check that may include an investigative consumer report or law enforcement report to which I might make a written request as to the nature and contents of such a report if obtained.

I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever 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 if I am over the age of 18, a criminal background check will be conducted and a verbal confirmation of my Social Security Number by phone will be required in order to conduct the background check. I further understand that volunteering is contingent on the results of the background check.

I understand that if I am between 14 and 17 years of age, I will be required to submit a parental signature below authorizing me to volunteer.

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.

Birthdate (required for background check if over 18; parental signature if under 18): \_\_\_\_\_

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

**My son/daughter has my permission to volunteer at the Avon-Washington Township Public Library.**

Parent Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Return application to: Avon-Washington Township Public Library Circulation Desk  
498 N. Avon Avenue, Avon IN 46123  
For questions, please call (317) 272-4818**