

Public Library

ST. JOE COUNTY

Volunteer Application

Library volunteers regularly donate time and talent and are at least 18 years of age. A criminal history check will be required as a condition of volunteering at SJCPL for ages 18 and over.

Written consent of a parent or legal guardian is required for volunteers under 18 years old. The consent form can also be found at sjcpl.org/volunteer and must be on file before the volunteer can begin.

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I am at least 18 years old. *If under 18 years old, please provide birthdate:* _____ / _____ / _____

Education *(if still in school)* Current Grade _____

Emergency Contact

Name _____ Phone _____

Relationship _____

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

Branches

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Centre Township | <input type="checkbox"/> Francis | <input type="checkbox"/> German Township |
| <input type="checkbox"/> Lakeville | <input type="checkbox"/> LaSalle | <input type="checkbox"/> North Liberty |
| <input type="checkbox"/> River Park | <input type="checkbox"/> Tutt | <input type="checkbox"/> Western |

Main Library

- | | | |
|---|--|--|
| <input type="checkbox"/> Local & Family History | <input type="checkbox"/> Home Delivery Service | <input type="checkbox"/> Children/Teen |
| <input type="checkbox"/> Friday Book Sales | <input type="checkbox"/> Book Sales: Store Preparation | |
| <input type="checkbox"/> Special Projects/Programs/Events | | |

Received by _____

Date Received _____

12/2021

Volunteer Experience

Do you have any previous volunteer experience? Yes No

If yes, where did you volunteer and what did you do? _____

Availability

Please list the days and times of the week that you would like to volunteer (ex. Mondays, 1-3pm / Thursdays, 9-10am):

Number of hours per 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 hours are needed? _____ By what date are they needed? _____

References

If you are 18 or older, please list two references below who are not related to you.

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Please sign below when you have read and understand these statements:

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.

I understand that a criminal history check for ages 18 and over may be required as a condition of volunteering at SJCPL.

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 _____