

VOLUNTEER APPLICATION
BIRCHARD PUBLIC LIBRARY of SANDUSKY COUNTY

We appreciate your interest in the library. Thank you for taking the time to complete this application. Please print clearly.

Date _____

APPLICANT INFORMATION

Name (Last, First, Middle) _____ Preferred Pronouns _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ Email _____

The best time to contact you and preferred method: _____

Are you 18 years or older (please circle)? Yes No If no, provide birthdate: _____

In case of emergency, contact: Name _____ Phone _____

Is this court-ordered community service (please circle)? Yes No If yes, how many hours? _____ By what date? _____

Have you ever been convicted of a felony (please circle)? Yes No If yes, please explain:

(Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in the volunteer program but will be considered within the context of the entire application.)

How did you hear about this volunteer program? _____

CURRENT EMPLOYMENT

Job Title _____ Employer _____

Address _____ City _____ State _____ Zip _____

EDUCATIONAL LEVEL

Current Grade and School _____ or Highest Level of education completed _____

VOLUNTEER EXPERIENCE/INTEREST

List previous volunteer experiences and locations, please:

Why would you like to volunteer here? _____

Areas of volunteer interest (check all that apply)

- Shelving library materials
- Putting books in order and straightening shelves
- Assist with children/teen crafts, craft kit or program prep
- Assist with serving afterschool meals *will require special training and meals are served 3-4:30pm on weekdays
- Assist computer users
- Serve as guest storyteller for Storytime
- Library mailings
- Create displays
- Yard work
- Other: _____

AVAILABILITY (Please include all that apply):

Day of the Week	Hours or times available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

REFERENCES

Please list two references (former employer, other volunteer experiences, teacher, etc.)

Name: _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Reference based upon: _____

Reference based upon: : _____

VOLUNTEER RELEASE FORM

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. This is not an application for employment, and nothing in this application is intended to imply or create an employment relationship or contract. I shall indemnify and hold harmless the Birchard Public Library of Sandusky County, its Board and officers, agents, and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

INTERNAL REVIEW ONLY

Reference Check 1

Date _____ Notes: _____

Reference Check 2

Date _____ Notes: _____