



Adult Volunteer Application

General Information

Name: _____

Address: _____

Phone: _____ Email: _____

Are you 18+ years of age? ____ (Applicants under the age of 18 must fill out a Volunteer application.)

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

I would like to serve as a volunteer... (check all that apply)

- Regularly each week for _____ hours
- For a total of _____ hours (schedule to be arranged)
- Periodically, on an on-call basis
- Summer only
- For required community service (If checked, complete Community Service Details on page 2)
- Other (please specify): _____

Days and Times Available

| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|------|-----|------|-----|-------|-----|-----|-----|
| Time | | | | | | | |

Skills and Interests

Do you have any experience working in a library setting (not required)? Yes ___ No ___

If yes, list your position and assigned duties: _____



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Do you have any special skills or areas of expertise that may assist us in placing you in a volunteer position? Please specify. *(For example, second languages spoken, including ASL)*

In what areas of the library are you most interested in volunteering?

(Check the small box to the left of your choices)

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Adult Programs <i>(General Assistance)</i> | <input type="checkbox"/> | Pulling Holds / Working with Materials |
| <input type="checkbox"/> | Local History | <input type="checkbox"/> | Other (Please Specify): |

References

Please list one personal or professional reference *(not a family member)*

| | |
|--------|---------------|
| Name | |
| Phone: | Relationship: |

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I understand that I must submit to a background check before being assigned any volunteer responsibility at Bexley Public Library. I understand that there is no salary or other compensation for my services as a volunteer. I understand that my assignment may be terminated by the Library or myself with or without prior notice at any time. I agree to read, sign, and adhere to the Volunteer Code of Conduct.

Signature of applicant: _____ Date: _____

Please return your completed application by email to volunteer@bexleylibrary.org or drop off the completed application at any public service desk at the Bexley Public Library, attn: Public Service Lead.

Required Community Service Details

If you checked that you need required community service hours, answer the questions below.

What organization do you need community service hours for?

College/Practicum ___ Workplace ___ Court-Ordered ___ Other (Please Specify): ___

How many hours do you need? _____

By what date do your hours need to be completed? _____