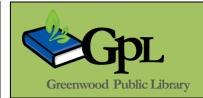


From

То



Greenwood Public Library
310 S. Meridian St. Greenwood, IN 46143
317-881-1953 www.greenwoodlibrary.us Aubrey Watson, Volunteer Coordinator Awatson@greenwoodlibrary.us

## **Volunteer Application**

**Directions:** Complete each section if possible. Please print clearly. You must be at least 14 years old to volunteer. If you are 17 years old or younger, a parent or guardian's signature is required at the end of this application.

Personal Informatio	<u>n</u>										
First Name:		Last Name:									
Address:											
City / State:					Zip Code:						
Home Phone: ()	Cell Phone ()										
Email:											
Date of Birth:			_								
<u>Education</u>											
Are you in school?	<u>Y</u>	<u>N</u>	If yes,	If yes, where?							
Highest grade comple	eted:	6	7	8	9	10	11	12	Undergra	d Gra	ad
Volunteer Assignme	<u>ent</u>										
Why do you want to v	olunteer	at the	library?								
Do you have previous	s volunte	er exp	erience?	<u>Y</u>	<u>N</u> If	yes, wh	nere?				
**The volunteer coord library with straighten clerical duties, materi appreciates the flexib	ing shelv al cleanii	es, pro	ogram prep d other pro	oaratio	n, compu	ter assis	stance, s	helving l	books, shelf	-reading,	the
Availability As a volunteer you are divided among three of a session, each vo	sessions	: Sprir	ng (Jan-Ap	or), Su	mmer (M	ay-Aug	), and Fa	all (Sept	:-Dec). At th		
When would you be a	ble to sta	art volu	unteering?								
The library is open Mon For scheduling purpo										on Sunday	'S.
	Monda	v	Tuesday	We	dnesday	Thu	rsdav	Frid	ay Sat	urday	

## **Emergency Contact(s)** Name:\_\_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name:\_\_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_ References: Please list two references that are not related to you. Name: Phone#: Email: Name: Phone#: Email: Please sign after you have read and understand all statements below. • I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library. I understand that if I am unable to fulfill my scheduled time for any reason, I am to notify the volunteer coordinator as soon as possible. I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the volunteer coordinator. • I understand that as a volunteer I will be a representative of the library and will do my best to present a positive image of the library to patrons and visitors. I understand that my volunteer position is for a single term. At the end of the term, I must reapply to continue volunteering at the library. Applicant's Signature: \_\_\_\_\_ Date: If you are 17 years old or younger, have a parent or guardian sign below. My child has my permission to volunteer at the Greenwood Public Library. Parent / Guardian's Name (please print): \_\_\_\_\_ Parent / Guardian's Signature: \_\_\_\_\_\_ Date: For Staff Use Only □ Volunteer Expectations/Dress Code □ Volunteer Responsibilities \_\_\_ □ Building Tour □ Supervisor Contact Information □ Timesheet / Task Spreadsheet □ Shelving Rules & Test □ Other Training \_\_\_ □ Photo **Date Received Date Contacted Date Interviewed** Accepted Start Date Schedule Y N Department(s) **Inactive Date** Reason for resignation