




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 Information

First Name: _____ Last Name: _____

Address: _____

City / State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone (____) _____ - _____

Email: _____

Date of Birth: _____

Education

Are you in school? **Y** **N** If **yes**, where? _____

Highest grade completed: 6 7 8 9 10 11 12 Undergrad Grad

Volunteer Assignment

Why do you want to volunteer at the library? _____

Do you have previous volunteer experience? **Y** **N** If **yes**, where? _____

**The volunteer coordinator will try to match up a volunteer's interests with available tasks. Volunteers assist the library with straightening shelves, program preparation, computer assistance, shelving books, shelf-reading, clerical duties, material cleaning, and other projects. Tasks may change on a daily basis, and the library appreciates the flexibility of its volunteer team.

Availability

As a volunteer you are expected to work at least 1 hour per week for four months. The volunteer schedule is divided among three sessions: **Spring (Jan-Apr), Summer (May-Aug), and Fall (Sept-Dec)**. At the conclusion of a session, each volunteer must re-apply for a position. New applicants will be accepted first.

When would you be able to start volunteering? _____

The library is open Monday–Thursday 9am-8pm, Friday 1pm-5pm, and Saturday 1pm-5pm. We are closed on Sundays. For scheduling purposes, please write in the times in which you are available to volunteer.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | |
| To | | | | | | |

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 Y N | Start Date | Schedule |
| Department(s) | Inactive Date | Reason for resignation |