



Volunteer Application

Office Use Only:	
Date of App.	_____
Contact Date:	_____
Interview Date:	_____
Dress Code:	_____
Start Date:	_____
End Date:	_____

Date:	<input type="checkbox"/> Adult <input type="checkbox"/> Youth (ages 12-16)					
Name:	Email:	Date of Birth:				
Address:						
City:	State:	Zip:	County:			
Phone Number:						
Emergency Contact:	Relationship:					
Home Phone #:	Cell #:	Work #:				
Location Preference: <i>(check all that apply)</i> <input type="checkbox"/> Clark Pleasant Branch • 530 Tracy Rd., New Whiteland <input type="checkbox"/> Franklin Branch • 401 State St., Franklin <input type="checkbox"/> Trafalgar Branch • 424 S. Tower St., Trafalgar <input type="checkbox"/> White River Branch • 1664 Library Blvd., Greenwood <input type="checkbox"/> Library Services Center • 49 E. Monroe St., Franklin						
How many hours per week do you wish to volunteer?						
Do you wish to volunteer... <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> as needed						
Is this a service project you need to fulfill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours do you need to complete? _____ Completed by what date? _____						
Please indicate which days and times you would be able to volunteer?						
	Mon.	Tue.	Wed.	Thu.	Fri.	Sat
Morning						
Afternoon						
Evening						
Do you have any physical limitation necessitating special consideration in job assignments?						
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please list)</i>						

What relevant skills and/or experience will you bring to our Volunteer Program? *(please list)*

- Please check the area(s) of volunteer interest:
- | | |
|--|---|
| <input type="checkbox"/> Assisting with children's programs | Friends of JCPL |
| <input type="checkbox"/> Assisting with teen programs | <input type="checkbox"/> Sorting for used book sales |
| <input type="checkbox"/> Assisting with adult programs | <input type="checkbox"/> Working used book sales |
| <input type="checkbox"/> Assisting with special events (ex. fairs & festivals) | Adult Learning Center |
| <input type="checkbox"/> Cleaning (dusting, sweeping, straightening, etc.) | <input type="checkbox"/> Tutor adults learning English |
| <input type="checkbox"/> Clerical (typing, sorting, copying, filing, stamping, etc.) | <input type="checkbox"/> Tutor adults in basic math, reading, writing and basic computer skills |
| <input type="checkbox"/> Entering data into computer | |
| <input type="checkbox"/> Making phone calls | |
| <input type="checkbox"/> Preparing for crafts (cutting, coloring, etc.) | |
| <input type="checkbox"/> Preparing for mailings (folding, stuffing, sorting, etc.) | |
| <input type="checkbox"/> Repairing books | |
| <input type="checkbox"/> Shelf-reading (searching shelves for misplaced items) | |
| <input type="checkbox"/> Sorting items for shelving | |

How did you hear about the Johnson County Public Library Volunteer Program?

- I understand that before starting a volunteer assignment, I may be asked to participate in a volunteer screening process and to review and understand library Policies as outlined in the Johnson County Public Library Volunteer Handbook. Once accepted as a Library Volunteer, I will regard my volunteer assignment as a serious commitment and abide by the Johnson County Public Library Policies. Should my conduct or performance be deemed unsatisfactory for any reason, I agree to accept release from my assignment.
- I understand that I will not be paid for my volunteer work and that I may cancel my volunteer relationship with the Johnson County Public Library at any time.
- Additionally, I release the Johnson County Public Library and its respective agents from all claims as a result of any injury that may arise during my volunteer activities. I agree to hold the library harmless from any loss, damage or cost incurred.

Applicant's Signature:	Date:
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Permission of Parent / Guardian for Youth Volunteer (ages 12-16)

I voluntarily give my permission for _____ to volunteer at the Johnson County Public Library and have read and agree to the statement above.

Parent / Guardian Signature:	Date:
Parent / Guardian Name Printed:	Phone Number: