### Volunteer Application

**Johnson County Public Library**

<table>
<thead>
<tr>
<th>Date:</th>
<th>□ Adult</th>
<th>□ Youth (ages 12-16)</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Email:</td>
<td>Date of Birth:</td>
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<td>Address:</td>
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<td>City:</td>
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<td>Zip:</td>
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<td>Phone Number:</td>
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<tr>
<td>Emergency Contact:</td>
<td>Relationship:</td>
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<tr>
<td>Home Phone #:</td>
<td>Cell #:</td>
<td>Work #:</td>
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**Location Preference:** *(check all that apply)*
- □ Clark Pleasant Branch • 530 Tracy Rd., New Whiteland
- □ Franklin Branch • 401 State St., Franklin
- □ Trafalgar Branch • 424 S. Tower St., Trafalgar
- □ White River Branch • 1664 Library Blvd., Greenwood
- □ Library Services Center • 49 E. Monroe St., Franklin

How many hours per week do you wish to volunteer?

Do you wish to volunteer… □ weekly □ monthly □ as needed

Is this a service project you need to fulfill? □ Yes □ 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?

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<th>Mon.</th>
<th>Tue.</th>
<th>Wed.</th>
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<th>Fri.</th>
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<td>Morning</td>
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<td>Evening</td>
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Do you have any physical limitation necessitating special consideration in job assignments? □ No □ Yes *(please list)*

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**Office Use Only:**
- Date of App. __________
- Contact Date: __________
- Interview Date: __________
- Dress Code: __________
- Start Date: __________
- End Date: __________
What relevant skills and/or experience will you bring to our Volunteer Program? (please list)

Please check the area(s) of volunteer interest:

☐ Assisting with children’s programs
☐ Assisting with teen programs
☐ Assisting with adult programs
☐ Assisting with special events (ex. fairs & festivals)
☐ Cleaning (dusting, sweeping, straightening, etc.)
☐ Clerical (typing, sorting, copying, filing, stamping, etc.)
☐ Entering data into computer
☐ Making phone calls
☐ Preparing for crafts (cutting, coloring, etc.)
☐ Preparing for mailings (folding, stuffing, sorting, etc.)
☐ Repairing books
☐ Shelf-reading (searching shelves for misplaced items)
☐ 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:

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: