

Volunteer Application

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

Branch Liaison: _____

Date:	<input type="checkbox"/> Adult <input type="checkbox"/> Youth (ages 12-16)						
Full Name:	Email:	Date of Birth:					
Address:							
City:	State:	Zip:	County:				
Phone Number:							
Emergency Contact Name:	Relationship:						
Home Phone #:	Cell #:	Work #:					
Location Preference: <i>(check all that apply)</i> <input type="checkbox"/> Clark Pleasant Branch • 350 Clearwater Blvd., 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							
What do you hope to learn from this experience?							
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? _____ If this is a service project tell us for whom: _____							
Please indicate which days and times you would be able to volunteer?							
	Mon.	Tue.	Wed.	Thu.	Fri.	Sat	Sun
Morning							1 - 5 p.m.
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"/> Sort material for used book sales |
| <input type="checkbox"/> Assisting with adult programs | <input type="checkbox"/> Work at used book sales |
| <input type="checkbox"/> Assisting with special events (ex. fairs & festivals) | <input type="checkbox"/> Stock Little Free Libraries |
| <input type="checkbox"/> Cleaning (dusting, sweeping, straightening etc.) | |
| <input type="checkbox"/> Clerical (typing, sorting etc.) | Adult Learning Center |
| <input type="checkbox"/> Entering data into computer | <input type="checkbox"/> Tutor adults learning English |
| <input type="checkbox"/> Making phone calls | <input type="checkbox"/> Tutor adults in basic math, reading, writing and basic computer skills |
| <input type="checkbox"/> Preparing for crafts (cutting, coloring, etc.) | |
| <input type="checkbox"/> Preparing for mailings (folding, stuffing, sorting, etc.) | <input type="checkbox"/> ABC Read to Me program at Johnson Memorial Health |
| <input type="checkbox"/> Repairing books | |
| <input type="checkbox"/> Shelf-reading (searching shelves for misplaced items) | |
| <input type="checkbox"/> Sorting items for shelving | |
| <input type="checkbox"/> Stocking Little Free Pantry (Franklin) | |

How did you learn about this 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: