

VOLUNTEER APPLICATION FORM

DIRECTIONS: Complete each section. Please print clearly. If you are under 18, a parent or guardian's signature is required, along with a parent or guardian's ID.

*INFORMATION:*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*EDUCATION:*

Highest Level Completed: \_\_\_\_\_ Areas of Specialty: \_\_\_\_\_

*EMPLOYMENT:*

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Most Recent Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

*EMERGENCY CONTACTS:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*VOLUNTEER EXPERIENCE:* Have you had previous volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and what were your tasks?

\_\_\_\_\_  
\_\_\_\_\_

*VOLUNTEER INTERESTS:*

\_\_\_\_\_

Do you have any physical limitations which we need to accommodate?

\_\_\_\_\_

**SEE BACK SIDE**

**REFERENCES:** Please list two non-familial references in the space provided below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SWORN DISCLOSURE STATEMENT** - A conviction record will not necessarily be cause for disqualification.

1. Have you ever been convicted of a crime, other than a traffic violation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state the offense, date, location, and sentence:

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2. Have you ever been subject of a founded complaint of child abuse or neglect within or outside the state of Indiana?

\_\_\_\_ Yes \_\_\_\_ No      If yes or pending, specify state, or other location: \_\_\_\_\_

PLEASE SIGN BELOW WHEN YOU HAVE READ AND UNDERSTOOD THIS STATEMENT.

The Waterloo Grant Township Public Library maintains an equal opportunity workplace. Like staff, volunteers are chosen and dismissed based on competence and job performance without regard to race, gender, color, national origin, age, religion, disability, veteran status, marital status, or other non-merit-based factors. Volunteers under the age of 18 must have parental approval and cannot work more than four (4) hours per day. Generally, the Library will not accept volunteers under the age of 14.

Volunteers are expected to conduct themselves as if employed by the library and must adhere to the policies and practices established regarding work schedule, attendance, conduct, performance, safety procedures, proper attire, etc. Volunteers can be released from volunteer duties at any time at the discretion of the library. The Waterloo Grant Township Public Library does not provide any medical, health, accident, or worker's compensation benefits for any volunteer.

I hereby authorize the verification of all necessary and pertinent information related to this volunteer position, including checking references and criminal background checks, with the understanding that all of this information will be kept confidential by the Waterloo Grant Township Public Library. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my selection as a volunteer unfavorably. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

I understand that I am responsible to pay for, and undergo, a criminal background check before any placement in a volunteer position at the Waterloo Grant Twp. Public Library. (Applicable to volunteers aged 18+)

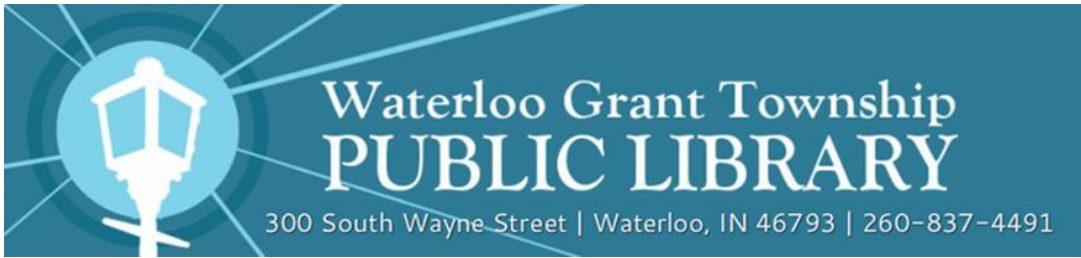
I understand that if I am under the age of 18, the Waterloo Library will obtain a signed Volunteer School Reference Form for Minors from your school administration.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My son or daughter has my permission to volunteer at the Waterloo Grant Township Public Library.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if applicant is under 18)



VOLUNTEER SCHOOL REFERENCE FORM FOR MINORS

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Number: (\_\_\_\_) \_\_\_\_\_

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The above-named student has expressed interest in volunteering at the Waterloo Grant Twp Public Library. We greatly appreciate your completion of this Reference Form on behalf of the named student.

\_\_\_\_ I recommend this student to serve as a volunteer at the Waterloo Grant Twp Public Library.

\_\_\_\_ I DO NOT recommend this student to serve as a volunteer at the Waterloo Grant Twp Public Library.

Comments:

\_\_\_\_\_

School Administration Printed Name

\_\_\_\_\_

School Administration Signature

Date: \_\_\_\_\_