

# LIBRARY VOLUNTEER APPLICATION

Thank you for your interest in volunteering. The information on this form will be used to help determine a volunteer assignment which will be well suited to your background and interests. Please complete all questions and sign the form before submitting it. You must have a volunteer application on file in order to be an active Cardington-Lincoln Public Library volunteer.



**Cardington-Lincoln Public Library**  
128 East Main Street, P.O. Box 38  
Cardington, Ohio 43315  
Telephone: 419.864.8181  
Fax: 419.864.8184

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Highest Level of Education:  In High School  High School  Vocational  Undergraduate  Graduate

### Volunteer Assignment Interests:

- |                                            |                                               |                                                     |                                              |
|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Page / Shelving   | <input type="checkbox"/> Magazine Maintenance | <input type="checkbox"/> Seasonal Decorating        | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Library Aide      | <input type="checkbox"/> Mend / Cover Books   | <input type="checkbox"/> Bulletin Boards / Displays | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Office / Clerical | <input type="checkbox"/> Youth Services Asst. | <input type="checkbox"/> Cleaning / Maintenance     | _____                                        |

Is this a service project for school or youth group?  Yes  No  
Is this court ordered community service?  Yes  No If yes, # of hours \_\_\_\_\_ By what date? \_\_\_\_\_

Date Available to Start \_\_\_\_\_ Please indicate the times that you can volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Employment History: \_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Skills: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by Cardington-Lincoln Public Library?  Yes  No

If yes, list dates of employment and position held \_\_\_\_\_

Are any of your household members or close family relatives currently employed by the Cardington-Lincoln Public Library?

Yes  No If yes, please list name \_\_\_\_\_

Please list the names of your references:

	Name	Phone	Relationship
Personal			
Employment/School			
Volunteer			

As an **ADULT** have you been convicted of a criminal offense other than a minor traffic violation?  Yes  No

If yes, please explain nature, date and place of conviction \_\_\_\_\_

\_\_\_\_\_

**Please sign below after you have read and understand all statements on both pages.**

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Cardington-Lincoln Public Library from any liability for supplying such information.

I understand that the Cardington-Lincoln Public Library reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library staff and customers.

I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor 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. I understand that my status can be terminated with or without cause or notice, at any time, at the option of either the Library or myself.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned. I further understand that as a volunteer, I am not eligible for workers compensation insurance.

I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the Cardington-Lincoln Public Library, should I ever apply for a position.

I also agree photograph(s), audio, or video(s) of me may be used by the Cardington-Lincoln Public Library for publicity purposes in newspaper/TV/radio ads and on the library website and facebook. Cardington-Lincoln Public Library may identify me by name, and no other information will be released to the media or published in any internal publication without authorization from me.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Cardington-Lincoln Public Library will be held as strictly confidential.

In consideration of my volunteering, I agree to comply with the policies, rules, regulations and procedures of the Cardington-Lincoln Public Library, which I understand may change at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under age 18) Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**-- FOR OFFICE USE ONLY --**

Interview Date \_\_\_/\_\_\_/\_\_\_      Training Date \_\_\_/\_\_\_/\_\_\_      Background Check Required? Yes  No

Volunteer Service Begins \_\_\_/\_\_\_/\_\_\_      Background Check Approved? Yes  No

Comments \_\_\_\_\_