



## Volunteer Application

If you would like to be a part of the Robert R. Jones Public Library, we invite you to complete our Volunteer Application to begin your journey with us!

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Age

<input type="checkbox"/>	Minor (between 12-18)
<input type="checkbox"/>	Adult (age 18+)

### Commitment Interest

<input type="checkbox"/>	Short term (less than 2 mos.)
<input type="checkbox"/>	Long term (more than 2 mos.)
<input type="checkbox"/>	Regular weekly schedule
<input type="checkbox"/>	Sporadically/events only

### Number of Hours Per Week

<input type="checkbox"/>	1 - 2 hours per week
<input type="checkbox"/>	3 - 4 hours per week
<input type="checkbox"/>	5 - 6 hours per week
<input type="checkbox"/>	more

### Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

### Your Interests and Experience

Why do you want to volunteer at the Robert R. Jones Public Library?:

\_\_\_\_\_

\_\_\_\_\_

Please list relevant skills and experience (please include any volunteer experience you may have):

\_\_\_\_\_

\_\_\_\_\_

### Preferences

***If Community Programs, please specify:***

<input type="checkbox"/>	Bookshelver	<input type="checkbox"/>	IT/Website	<input type="checkbox"/>	Computer Instructor	<input type="checkbox"/>	Movie Nights
<input type="checkbox"/>	Holds Processing	<input type="checkbox"/>	Written Communications	<input type="checkbox"/>	Book Clubs	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Grant Writer	<input type="checkbox"/>	Visual Communications	<input type="checkbox"/>	Gaming	<input type="checkbox"/>	Storytimes
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Community Programs	<input type="checkbox"/>	Teen Programs	<input type="checkbox"/>	Youth Programs

## Education

High School:

\_\_\_\_\_

Did You Graduate?      YES      NO  
                                         

College:

\_\_\_\_\_

Did You Graduate?      YES      NO  
                                         

Other:

\_\_\_\_\_

Did You Graduate?      YES      NO  
                                         

Address:

\_\_\_\_\_

Degree

Address:

\_\_\_\_\_

Degree

Address:

\_\_\_\_\_

Degree

## References *(personal or professional)*

Full Name:

Company:

Address:

Relationship:

Phone:

Full Name:

Company:

Address:

Relationship:

Phone:

## Emergency Contact Information

Full Name:

Primary Phone:

Relationship:

Alternate Phone:

## Background Check Information and Submission

In connection with my application for volunteering, I understand and agree that a Criminal Background Investigation including the National Sex Offender Registry will be required. Further I understand that I may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities related to my driving history, credit history, criminal record, civil matters, previous employment, educational background and other past experiences.

By submitting this application, I certify that the information provided is true to the best of my knowledge. I understand that I am not guaranteed an interview or assignment to a volunteer position at Robert R. Jones Public Library.

Signature: \_\_\_\_\_

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