

OCEAN COUNTY LIBRARY VOLUNTEER APPLICATION

Please complete and return to:

Volunteer Services – Ocean County Library
101 Washington Street
Toms River, New Jersey 08753
732-349-6200, extension 5535

Date_____

Assignment_____

(to be completed by staff)

Name_____ home phone_____

Address 1_____ work phone_____

Address 2_____ cell phone_____

Town_____ zip_____ emergency phone_____

e-mail _____ best time to call _____

Availability

Branch location preferred_____

_____ regularly each week for _____ hours times preferred for volunteering:

_____ summers only _____ weekday mornings

_____ September – June only _____ weekday afternoons

_____ weekday evenings

Volunteer's Age Category (Please check the category closest to your age)

_____ 12 – 17 _____ 18 – 29 _____ 30 - 54 _____ 55 – 64 _____ 65+

What areas of volunteering interest you?

Home Borrowers Program _____ clerical assistance _____ Internet research

_____ in person's home

_____ in facility

_____ word processing

_____ website support

_____ book reviewing

_____ Excel work

_____ PowerPoint work

_____ Adopt a Shelf

_____ teen opportunities

_____ other_____

Training/Experience/Education (include any work done in a library)

Where did you learn about volunteer opportunities at the library?

References

Name_____ phone number_____

Name_____ phone number_____

Have you ever been convicted of a crime or offense, which has not been expunged by the Court? ___yes ___no

(If yes, give details of each conviction and disposition in this block. A conviction will not necessarily preclude you from volunteering unless such conviction(s) relates adversely to the opportunity sought. Please note, some positions require a Request for Criminal History Record or Request for License Abstract.)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any accompanying or required documents) will be cause for denial of volunteer employment or immediate termination of volunteer employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained on this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

Signature_____ Date_____

STUDENT VOLUNTEER PERMIT

(to be signed by parent/guardian if applicant is under 18 years of age)

_____ has my permission to work as a volunteer at the library.
(student's name)

Student's date of birth _____ today's date_____

signature of adult/guardian

relationship to student

phone number