



ADULT VOLUNTEER APPLICATION

Name _____

Home Phone _____

Address 1 _____

Cell Phone _____

Address 2 _____

Emergency Phone _____

Town _____ Zip _____

Age Category:

e-mail (Print) _____

19 yrs.-29 yrs. 30 yrs.-54 yrs. 55 yrs.+

1. Availability: Branch location preferred _____

Times preferred for volunteering: Regularly each week for _____ hours

Weekday mornings September – June only Weekday afternoons Weekends Weekday evenings

Summers Only Other: _____

2. What areas of volunteering interest you? (*not all opportunities available at all branches*)

Adopt a Shelf Book Reviewer Book Discussion Leader

English Conversation Group Leader Home Borrowers Service Homework Helper

In-house/Clerical Assistance (Delivering library materials to housebound)

3. Other places you volunteer:

Environmental Groups Faith Based Organization School-based United Way R.S.V.P.

Meals on Wheels United Way Caregivers Other _____

4. Where did you learn about volunteer opportunities at the library?

Library staff Library poster Facebook Library volunteer Library website

Newspaper Friend Community Organization Other _____

5. Highest level of education

High School/GED Associates Degree Undergraduate Degree Graduate Degree

Post-Graduate Degree Other _____

6. Please list any training/experience/education, such as teaching, computer skills, etc. (include any library work done):

7. References--2 non-household references are required

Name _____ phone number _____

Name _____ phone number _____

8. 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 facts 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** _____

Ocean County Library Homebound & Volunteer Services
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Website: theoceancountylibrary.org