



# OCEAN COUNTY LIBRARY VOLUNTEER APPLICATION

Please complete and return to:  
Volunteer Services – Ocean County Library  
101 Washington Street  
Toms River, New Jersey 08753

Date \_\_\_\_\_  
Assignment \_\_\_\_\_  
(to be completed by staff)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address 2 \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Housing Development \_\_\_\_\_

e-mail \_\_\_\_\_ (for teens)--> Date of Birth \_\_\_\_\_

Best time to call \_\_\_ morning \_\_\_ afternoon \_\_\_ evening \_\_\_ any time

### Availability

Branch location preferred \_\_\_\_\_

\_\_\_\_\_ regularly each week for \_\_\_\_\_ hours  
\_\_\_\_\_ summers only  
\_\_\_\_\_ September – June only  
\_\_\_\_\_ weekends

times preferred for volunteering:  
\_\_\_\_\_ weekday mornings  
\_\_\_\_\_ weekday afternoons  
\_\_\_\_\_ weekday evenings

### Age Categories (Please check the category closest to your age)

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

### What areas of volunteering interest you?

\_\_\_ Adopt a Shelf                      \_\_\_ Book Discussion Leader                      \_\_\_ Book Reviewer  
\_\_\_ Clerical Assistance                      \_\_\_ Computer Partners                      \_\_\_ English Conversation Group Leader  
\_\_\_ Home Borrowers' Service                      \_\_\_ Homework Helper                      \_\_\_ Inhouse  
\_\_\_ Internet Research                      \_\_\_ Knitting Group                      \_\_\_ Newspaper Clipper  
\_\_\_ Power Point work                      \_\_\_ Reading Buddies (Teen)                      \_\_\_ (Children) Reading to Dogs  
\_\_\_ S.A.I.L. (Teen)                      \_\_\_ Website Support                      \_\_\_ Word Processing

\_\_\_\_\_ I am willing to use my home computer for data input and/or research  
\_\_\_\_\_ Please have a staff member contact me

### Highest Level of Education?

\_\_\_\_\_ High School/ GED                      \_\_\_ Associates Degree                      \_\_\_ Undergraduate Degree  
\_\_\_\_\_ Graduate Degree                      \_\_\_ Post-Graduate Degree                      \_\_\_ Other

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

Over, please...

**Other places you volunteer:**

- Caregivers       Environmental Groups       Faith Based Organization       Boy/Girl Scouts
- House Repairs       Meals on Wheels       Public Schools       Senior Organizations
- United Way       Youth Organizations       Zonta Club of Ocean County
- Other \_\_\_\_\_

**Where did you learn about volunteer opportunities at the library?**

- school       library staff       library poster       library volunteer       library website
- newspaper       friend       Community Organization       other \_\_\_\_\_

References- 2 non-household references are required

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