



OCEAN COUNTY LIBRARY VOLUNTEER APPLICATION

Please complete and return to:
Volunteer Services – Ocean County Library
101 Washington Street
Toms River, New Jersey 08753 Tel. 732-349-6200 ext. 5535

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? (not all opportunities available at all branches)

___ Adopt a Shelf ___ Book Discussion Leader ___ Book Reviewer
___ Clerical Assistance ___ English Conversation Group Leader
___ Home Borrowers' Service ___ Homework Helper ___ Knitting Group
___ Newspaper Clipper ___ Reading Buddies (Teen) ___ S.A.I.L. (Teen)
___ T.A.B. Teen Advisory Board (Teen)

___ 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
 Meals on Wheels Public Schools Senior Organizations United Way
 Youth Organizations
 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

Ocean County Library Homebound & Volunteer Services
101 Washington St., Toms River, NJ 08753; Tel. 732-349-6200 ext. 5535
Website: theoceancountylibrary.org