



**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       R.S.V.P.
- 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](http://theoceancountylibrary.org)**