



# 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**  
101 Washington St., Toms River, NJ 08753; Tel. 732-349-6200 ext. 5535  
**Website: [theoceancountylibrary.org](http://theoceancountylibrary.org)**