



Educate, Empower, Enlighten, and Enrich

VOLUNTEER APPLICATION

We appreciate your interest in serving as a Library Volunteer, and would like to know a bit about you, your experience and skills, and your availability. Thank You!

Today's Date: _____

Name _____

Phone, Primary (____) _____ **Phone, Secondary** (____) _____

Email Address: _____

Address: _____

Are you interested in volunteering under the auspices of a particular program or group? Yes No

If Yes, please note the name here: _____ *(example: National Honor Society, Scouts, Bergen County, etc.)* *How many total hours required?* _____

Tell us about any special training or skills you possess: _____

How about computer skills and proficiencies (ex: MS Office, Google suite, etc.): _____

How many total hours per week are you interested in volunteering? _____

Which days are you available to volunteer? _____

On what date would you be available to begin? _____

I am in the following age group:

- Adult Teen Middle School

If you are under 18 years of age, we need your parent or guardian to approve your intent to volunteer by signing here: _____ Today's date: _____ Minor's age: _____

What type of volunteer work are you particularly interested in doing? Check all that apply:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Youth Services:
Program
Preparation | <input type="checkbox"/> Assisting with
Library Material:
Shelving and
Retrieving | <input type="checkbox"/> Adult Services:
Program
Preparation | <input type="checkbox"/> Assisting with ESOL
sessions (English for
Speakers of Other
Languages) | <input type="checkbox"/> Literacy
Training For
Adults |
| <input type="checkbox"/> Tutoring or
providing
homework help to
students in grades
K - 8 | <input type="checkbox"/> Community
Outreach,
Education &
Marketing | <input type="checkbox"/> Visiting the
homebound:
Delivering
books & other
library materials | <input type="checkbox"/> Administration:
Filing, copying and
document preparation | <input type="checkbox"/> Helping to
maintain the
Lobby Book
Shop |
| <input type="checkbox"/> _____
Leading a
Book Club at
the library or
off-site | <input type="checkbox"/> Other: | | | |

In case of an emergency, whom should we contact? Please provide name, relationship and phone number(s) _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AS A LIBRARY VOLUNTEER, I AGREE TO CONFORM TO THE LIBRARY'S RULES AND REGULATIONS.

APPLICANT'S SIGNATURE: _____ **DATE** _____