

Today's Date: _____

**APPLICATION FOR VOLUNTEER SERVICE
ROBINSON TOWNSHIP PUBLIC LIBRARY**

FOR OFFICE ONLY: DATE INTERVIEWED: ORIENTATION: PLACEMENT: ASSIGNMENT:
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NAME _____

BIRTHDATE _____ (Volunteers shall be no younger than 15 years of age)

AGE _____

TOWNSHIP _____

HOME ADDRESS _____
(street/city/zip)

HOME PHONE _____

BEST TIME TO REACH YOU _____

E-MAIL ADDRESS _____

In case of emergency, whom should we notify?

NAME _____

RELATIONSHIP _____

TELEPHONE _____

ADDRESS _____

TYPE OF VOLUNTEER WORK DESIRED:

What type of work, if any, would you prefer not to do?

AVAILABILITY: Check () for preferred time. Check () for second choice.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How many hours can you serve each week? _____

Show time of year when not available _____

Educational background _____
Work experience _____
Volunteer experience _____
Skills: Typing (WPM) _____
Crafts, Hobbies or Special Interests _____

Consent for juniors 15 to 18 (to be completed by Parent or Guardian)

I hereby give my consent for _____ to serve
as a volunteer at Robinson Township Public Library.

Date _____ Signed _____

Personal references: List two persons giving address and phone numbers. (Junior volunteers, please list a teacher or guidance counselor as one of your references.) I hereby authorize Robinson Township Library to inquire of references to my qualifications and desirability as a volunteer, and I hereby release any person, educational body, former employer and given references from any and all claims of whatever nature that I might have as a result of a response given to inquiries made by Robinson Township Library.

Signature _____

Date _____

Please return to: Robinson Township Library Circulation Desk