



ADULT VOLUNTEER APPLICATION

Name _____

Phone _____

Address 1 _____

Cell Phone _____

Address 2 _____

Date of Birth ____ / ____ / ____

City _____ Zip _____

E-mail _____

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*)

☐ Other _____

3. Do you have any experience volunteering elsewhere or at another library? If so, tell us about it!

4. Please list any training/experience/education, such as teaching, computer skills, etc.:

5. References: 2 non-household references are required

Name _____ phone number _____

Name _____ phone number _____

6. Emergency Contact _____ Relationship _____

Phone Number _____

7. By checking this box, I certify that I have NOT been convicted of a crime or offense which has not been expunged from the court.

☐ (*If you have been convicted of a crime, please 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** _____

The volunteer program is an Ocean County Library program enabling the volunteer to use library materials to achieve the goals of the volunteer program. Information concerning the volunteer will be maintained as a library record.