



Volunteer Application

Read Carefully – All questions in this application must be answered fully before it will be accepted. All answers must be printed in ink or typewritten. Any willful misrepresentation, omission, or falsification of information in this application is sufficient cause for the disqualification of the applicant.

I. PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Library Card Number (TCPL only): _____

Are you 18 year or older? ___ Yes ___ No If no, date of birth: _____

Volunteers under 18 years of age must have a parent/guardian complete the consent section at the end of this form.

In case of emergency, notify: _____ Relationship: _____

Phone: _____

I am seeking this volunteer position for (Check all that apply):

___ School ___ Class ___ Scholarship ___ Community Service ___ Regular Library Volunteer

Name of school: _____

School contact person: _____

Number of hours to complete: _____ Deadline for completion: _____

Do you require special accommodations? ___ Yes ___ No

If yes, what? _____

Volunteer work may involve heavy lifting, repetitive motions, bending, stretching, and other physical stressors. Are you able to handle the physical requirements? ___ Yes ___ No

II. AREAS OF INTEREST (Please check the areas in which you are interested in volunteering?)

___ Making phone calls

___ Program helper

___ Pulling items from shelves to fill requests

___ Shelving/AV inspection

___ Other (Please specify) _____

III. SPECIAL SKILLS OR TRAINING

Do you have any special skills or training? (Computer skills, baby-sitter training, sign language, art classes, etc.)

What languages(s) other than English do you speak: _____

Read: _____ Write: _____

IV. DAYS/ HOURS OF AVAILABILITY/LOCATION

Monday: _____	_____ Main Library
Tuesday: _____	_____ Bolivar Branch
Wednesday: _____	_____ Strasburg Branch
Thursday: _____	_____ Sugarcreek Branch
Friday: _____	_____ Tuscarawas Branch
Saturday: _____	_____ Mobile Services

V. AREAS OF INTERESTS (Please check department(s) in which you are interested in volunteering)

____ Adult Department ____ Teen Department ____ Children’s Department

Previous volunteer experience if applicable (Summarize your previous volunteer experience, including name of the organization: _____

VI. DECLARATION OF APPLICANT

Please read the following before signing below:

As a volunteer for the Tuscarawas County Public Library System, I understand that:

- My volunteer time is a serious commitment – people are counting on me and relying on me.
- I am expected to know my schedule, be on time, and not miss my scheduled time.
- If something comes up, I will call to notify the library as soon as I know I won’t be able to attend.
- I understand that if I miss more than two scheduled volunteer shifts without contacting the library, it will be assumed that I am no longer interested.
- My signature below authorizes the Tuscarawas County Public Library System to contact the appropriate agencies in order to investigate my background information. This investigation may include, but not be limited to, such information as criminal or civil conviction, driving records, and previous volunteer references.
- I hereby affirm that there are not willful misrepresentations, omissions, or falsifications, in the information I have provided on this form.

Signature of Applicant: _____ Date: _____

If the potential volunteer is 17 years or younger a parental/legal guardian signature is required below:

Medical Emergencies Involving Minors: In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Tuscarawas County Public Library System is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Print Name of parent/legal guardian

Signature of parent/legal guardian

Date

VI. Background Check

- I grant the Tuscarawas County Public Library System the right to do a background check on me for the purpose of volunteering at the library.
- I understand that the library needs the following information in order to perform the background check:

Name _____

Any other legal names: _____

Social Security Number: _____ Date of birth: _____

Print Name

Signature

Date

Return completed application to your nearest Tuscarawas County Public Library System location or mail to:

Volunteer Services
Tuscarawas County Public Library System
121 Fair Ave. NW
New Philadelphia, OH 44663