Ocean County Library
CONNECTING PEOPLE - BUILDING COMMUNITY - TRANSFORMING LIVES

Please complete and return to:
Circulation Department @
Branch: _____

ADULT VOLUNTEER APPLICATION

Name _____ Phone _____

Address 1 _____ Cell Phone _____

Address 2 _____ Date of Birth _____ /_____ /_____

City _____ Zip _____ E-mail _____

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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? ***(volunteer opportunities may vary by branch)***

☐ Social Group Leader *(Knitting, Puzzles/Games, Discussions)*

☐ Home Borrowers Service *(Delivering library materials to housebound)*

☐ In-house Assistance *(Disk Defenders)*

☐ English Conversation Group Leader ☐ Book Discussion Leader ☐ Adopt a Shelf

☐ Book Reviewer ☐ 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 _____

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7. By checking this box, I certify that I have <u>NOT</u> 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.

Ocean County Library Homebound & Volunteer Services
101 Washington St., Toms River, NJ 08753; Tel. 732-349-6200 ext. 5535
Website: www.theoceancountylibrary.org