

Volunteer Application for the BookMarks/ Marion Public Library

Date of Application: Must be 12 & older. If younger than 18 will need guardian approval signature

Name:	
Address:	
City:	State: OH
Phone/ Home:	Mobile:
Email:	

Emergency Contacts	In case of emergency, we should notify the following persons
Name:	Phone:
Name:	Phone:

References	List two references. They should not be relatives, but could be teachers, employers or other community members who have worked with you.
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

Why do you want to volunteer with the library BookMarks?	Please give us a short explanation
Do you need community service hours?	Yes <input type="radio"/> No <input type="radio"/>
If yes, for:	school <input type="radio"/> workplace <input type="radio"/> court-ordered <input type="radio"/>
other <input type="radio"/> (explain)	
Have you ever been convicted of a felony?	Yes <input type="radio"/> No <input type="radio"/>
Are you applying for a specific volunteer position?	
Book sale <input type="radio"/> Retail <input type="radio"/> Events <input type="radio"/>	
Other Committees: Communications <input type="radio"/> Nominating <input type="radio"/> Audit <input type="radio"/>	
Volunteers <input type="radio"/> Membership <input type="radio"/>	

Availability to volunteer						
I prefer to work: in public <input type="radio"/>		behind the scenes <input type="radio"/>		either <input type="radio"/>		
I prefer to work: alone <input type="radio"/>		with a group <input type="radio"/>			either <input type="radio"/>	
Hours preferred per week: 1-2 <input type="radio"/>		3-4 <input type="radio"/>	4-6 <input type="radio"/>	less frequently than weekly <input type="radio"/>		
I prefer to volunteer: on a regular schedule <input type="radio"/>				as needed/occasionally <input type="radio"/>		
Are you looking for a long term or short term commitment? Yes <input type="radio"/> No <input type="radio"/>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

Employment History: please tell us about your most recent paid positions, if applicable		
Employer	Dates of Employment	Description of your Duties

Volunteer History: please tell us about your volunteer experiences, if applicable		
Organization	Dates Volunteered	Description of your Duties

Educational History		
School	Highest Grade Completed	Area of Study/Major

General Questions
Volunteer work may ask you to lift heavy items (up to 30 pounds). Would this be a problem? Yes <input type="radio"/> No <input type="radio"/>
Do you have any special skills or talents that may be useful during your time as a volunteer? Examples: Sign language, business expertise, crafts, computers, cash register experience. Please list below

General Information

- This volunteer program is a separate operation from the Marion Public Library’s program.
- Please understand that we will try our best to fit you with an assignment that you will enjoy. Please allow two weeks for your application to be processed though some positions may not start immediately.
- Submitting a volunteer application does not guarantee placement. Once accepted as a volunteer, an assignment can end at any time at the discretion of the BookMarks volunteer coordinator or the library
- Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability.
- If in the future, you agree to volunteer in a program with children, you will be asked to complete a criminal background check. The library will run the check, but it will be at your expense which will be explained prior to running the check.

Statement of Understanding

- I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the BookMarks at the Marion Public Library volunteer program, any false statements may result in my dismissal from the program.
- I grant the library permission to run a criminal background check on me (at my expense) if it becomes necessary.
- I grant the BookMarks and the Marion Public Library full permission to use my name, any photographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me.
- I acknowledge that there is no salary or other compensation for my services as a volunteer.
- I understand that BookMarks or the Marion Public Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

Signature of Volunteer

Date

Guardian/Parent Signature

Date