



BookMarks Volunteer Application

Name:		Date:
Email Address:	Phone:	
Current address:		
City:	State:	ZIP Code:

EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	Phone:

The BookMarks are looking for volunteers to help with the following sponsored events/areas:

- The BookMarket, in the Library.
- Speaking Volumes, the last Friday of October.
- The Murder Mystery in February.
- The annual Book Sale, the last weekend of April.
- The Read Local author book Fair.

I would be interested in volunteering for:

- The BookMarket: ___
- Speaking Volumes: ___
- The Murder Mystery: ___
- The annual Book Sale: ___
- The Read Local author book fair: ___

Availability to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

General Questions

Volunteer work may ask you to lift heavy items (up to 30 pounds).

Would this be a problem? Yes No

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