

Volunteer Application

(Volunteers must be age 16 or more.)



(Please print)

Name _____

Address _____

Home Phone _____ Cell _____

References: (Employment References Preferred)

1. Name & Address _____

Phone _____

2. Name & Address _____

Phone _____

3. Name & Address _____

Phone _____

Have you volunteered before? ___ No ___ Yes If yes, where? _____

Why do you want to volunteer at the Library? (Check one):

School requirement ___ Club or organization requirement ___

Personal interest ___ Other _____

How many hours are you required to volunteer? (if applicable) _____

Are you related to any employee or Trustee of the Library? Yes ___ No ___

If yes, list name and relationship _____

Special skills (computer, design, etc) _____

Days/Hours Available _____

Date Available to Start _____ Last Date Available _____

Emergency Contact:

Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

For applicants under age 18:

Date of Birth _____ Grade _____ School _____

All applicants please sign below:

I understand that the West Orange Public Library may contact some or all of the references listed above, and in the case of the Homebound Delivery Program* or other activities that require driving, may obtain a copy of my driving record from the NJ Department of Motor Vehicles. I also understand that I will be scheduled to work specific days/hours. I agree to follow the direction of the Librarian.

Applicant's Signature _____ Date _____

Applicants under age 18, a parent or guardian must sign below:

I authorize and support _____'s participation in the volunteer program at the West Orange Public Library.

Parent/Guardian

***Applicants for the Homebound Delivery Program**, please attach copies of your driver's license and insurance card.

For Library Use:

Department:

Start Date:

End Date:

Schedule:

Recommended by:

Admin. Authorization: