

North Webster Community Public Library - Volunteer Application

Please Complete and return to:

Date_____

NWCPL

Assignment_____

301 N Main St., PO Box 825

(to be completed by Adult Services Director)

North Webster, Indiana 46555

VOLUNTEERS

To qualify to be a volunteer you must be physically able to deliver library materials, possess a valid Indiana State driver's license, sign a release of liability, and have proof of current auto insurance. And you need to be comfortable working with older adults and the disabled. A volunteer may begin delivering materials only after being cleared by the Sheriff's Department. If you would like to be a volunteer and have any questions please call the library at 574-834-7122 Ext. 205.

Name_____ Home Phone_____

Work Phone_____ Cell Phone_____

Address_____ City_____

State_____ Zip code_____ E-mail address_____

Emergency Contact_____ Emergency Phone_____

Best time to Call ___morning ___afternoon ___ evening ___anytime ___ I prefer to use e-mail

Availability

___ Regularly each week

Times preferred for volunteering:

___ Summer only

___ weekday mornings

___ September- June only

___ weekday afternoons

___ Weekends

___ weekday evenings

Other places you have or currently volunteer: ___ Caregivers ___ Environmental Groups ___ Faith Based Organization

___ Boy/Girl Scouts ___ Meals on Wheels ___ Public Schools ___ Senior Organizations ___ United Way

___ Youth Organizations ___ Other_____

References- 2 non-household references are required:

Name_____ Phone Number_____

Name_____ Phone Number_____

Have you ever been convicted of a crime or offense, which has not been expunged by the Court? ___ Yes ___ No

If yes, explain_____

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on the 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 the application by me.

Signature_____ Date_____