



Centerville Center Township Public Library Volunteer Application



Last Name: _____ **First Name:** _____
Street Address: _____
City/State: _____ **Zip:** _____
Phone: _____ **Email:** _____

Please list two references:

Name: _____ Email: _____ Phone: _____
 Name: _____ Email: _____ Phone: _____

Have you ever been convicted of a felony? ___ No ___ Yes: _____

Do you have any health issues that could affect your volunteer work? _____

What computer skills do you have? _____

How often would you prefer to volunteer?

___ On a regular basis: ___ Once a week ___ Twice a week ___ Twice a month ___ Other
 ___ For special events only

Experience	Interest		Experience	Interest
___ Genealogy	___		___ Reading aloud	___
___ Office Tasks	___		___ Tutoring	___
___ Children's Programs	___		___ Processing new books	___
___ Organizing Events	___		___ Archival Processing	___
___ Shelving	___		___ Decorating	___
___ Graphic Design	___		___ Data Analysis	___
___ Publicity	___		___ Fundraising	___

Statement of Confidentiality: Library patron information is considered confidential. Information pertaining directly or indirectly to any staff member, patron, or another volunteer shall not be repeated or discussed inside or outside the library.

Volunteer Waiver of Liability: I understand that I will not be covered by Worker's Compensation. If I use my own car while performing volunteer duties, I am responsible for my own insurance. By signing this application, I release the Centerville Center Township Public Library from any liability with respect to any personal injury, illness, death, or property damage that may result from my volunteer activities.

I understand that I will not be paid for my services as a volunteer, and I expect no compensation.

 Applicant's Signature Date: _____

 Parent or Guardian's Signature (Required if applicant is under age 18) Date: _____