



Bexley Public Library

Bexley Public Library Adult Volunteer Application

Volunteers are vital to Bexley Public Library. We welcome community involvement in the Library and offer a variety of opportunities to match your interests, skills, and availability.

In order to be considered for volunteer service, please fully complete this application. Thank you.

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____ Email: _____

I prefer to be contacted at: home ___ cell ___ email ___ no preference _____

Emergency contact: _____

(Please Include Name/Phone/Relationship to you)

Employment history (last five years): Please tell us about your most recent paid positions, if applicable:

Employer	Dates of Employment	Description of your Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Volunteer history (last five years): Please tell us about your most recent volunteer experiences, if applicable:

Organization	Dates Volunteered	Description of your Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Education (highest grade completed): _____

Proficiency in a language other than English (please specify): _____

Other skills that may be applicable: _____

Gender: M ___ F ___ Other ___ Are you 18 years or older? Yes ___ No ___

***Volunteers under the age of 18 should complete a Volunteering application, available on our website or in the Youth Services Department.**

Professional or Personal Reference: Please list one professional, school, or personal reference (not related to you).

Name _____ Phone _____

Relationship _____

Are you applying for a specific volunteer position? If so, which one? _____

Do you need community service hours? Yes ___ No ___

If yes, for: college ___ workplace ___ court-ordered ___ other (explain) _____

If yes, how many hours do you need? _____ By what date? _____

Are you applying for a short-term volunteer position? If so, what dates are you available?

Why are you interested in volunteering at the Bexley Public Library?

Days and times available to work: _____

Hours preferred per week: 1-2 ___ 3-4 ___ 5-6 ___ less frequent than weekly _____.

I prefer to volunteer: on a regular schedule ___ as-needed / occasionally ___ both ___

Areas of Interest (check all that apply)

___ Decorating/creating displays/crafts

___ Homework Resource Zone

___ Pulling library materials

___ Outreach (e.g. - table at events)

___ Library program room assistant (adults)

___ Library program room assistant (youth)

___ Scan/organize historical documents (requires use of computers, scanners and other technology)

___ Library Ambassador (greeter/directional assistance)

___ Others (please list): _____

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give Bexley Public Library permission to verify all information contained in this application as may be necessary. I understand that I must submit to a background check before being assigned any volunteer responsibility at Bexley Public Library.

I understand that there is no salary or other compensation for my services as a volunteer. I understand that my assignment may be terminated by the Library or myself with or without prior notice at any time.

I agree to read, sign and adhere to the Volunteer Code of Conduct.

Signature: _____ Date: _____

Please return your completed application by mail, email or fax to:

Outreach and Volunteer Associate
Bexley Public Library
2411 E. Main Street
Bexley, Ohio 43209
Phone: 614-545-6944
Fax: 614-231-0794
dpeterson@bexleylibrary.org

Or, return it to any public service desk at the Bexley Public Library, attn: Outreach and Volunteer Associate.