

Date: \_\_\_\_\_

**SECTION 5** If Volunteer is younger than age 18, a Parent or Guardian must complete this section.

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, agree to indemnify and hold harmless the Nappanee Public Library from any and all claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteers program. I waive any right of action I have against the Nappanee Public Library in consideration of my participation as a volunteer for the Library.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**VOLUNTEER APPLICATION**

157 North Main Street, Nappanee, IN 46550

**SECTION 1**

Name \_\_\_\_\_  
Last First Middle Initial Name preferred to be called

Address \_\_\_\_\_  
Street Apt. Number

City State ZIP Code

How long have you lived at this address? \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_ Email \_\_\_\_\_

How did you learn about volunteering at Nappanee Public Library? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal or Field Related Reference - Please name someone who is not related to you or living with you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact - Please list someone we can contact in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are there any health issues which might limit your ability to volunteer or limit the types of activities that you can perform? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**  
CS: # of hours \_\_\_\_\_ Date needed done by: \_\_\_\_\_  
Employment: \_\_\_\_\_  
Interview day & time: \_\_\_\_\_  
First day & time: \_\_\_\_\_

Have you ever been convicted of, or are you currently charged with, any crime, or has your driver's license ever been suspended? (A charge or conviction will not necessarily disqualify an applicant from being able to volunteer.)

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## SECTION 2

### VOLUNTEER EXPERIENCE - Previous experience is not necessary.

| Organization | Position | Dates | Supervisor's Name and Phone Number |
|--------------|----------|-------|------------------------------------|
|--------------|----------|-------|------------------------------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VOLUNTEER SKILLS AND INTERESTS - Please check any skills you would like to share.

- Computer Skills - please specify \_\_\_\_\_
- Crafts
- Genealogy
- General Book Maintenance
- Light Indoor/Outdoor Building Maintenance
- Local History
- Office Skills - please specify \_\_\_\_\_
- Shelf Reading
- Special Events
- Teaching or Training – please specify \_\_\_\_\_
- Working with Children
- Working with Teens
- Other – please specify \_\_\_\_\_
- Anything and Everything!

## SECTION 3

### SCHEDULE OF AVAILABILITY

(Please shade in the areas that represent times you ***are*** available to work.)

| Monday      | Tuesday     | Wednesday   | Thursday    | Friday      | Saturday    | Sunday      |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   |
| 9:00-10:00  | 9:00-10:00  | 9:00-10:00  | 9:00-10:00  | 9:00-10:00  | 9:00-10:00  | 9:00-10:00  |
| 10:00-11:00 | 10:00-11:00 | 10:00-11:00 | 10:00-11:00 | 10:00-11:00 | 10:00-11:00 | 10:00-11:00 |
| 11:00-12:00 | 11:00-12:00 | 11:00-12:00 | 11:00-12:00 | 11:00-12:00 | 11:00-12:00 | 11:00-12:00 |
| 12:00-1:00  | 12:00-1:00  | 12:00-1:00  | 12:00-1:00  | 12:00-1:00  | 12:00-1:00  | 12:00-1:00  |
| 1:00-2:00   | 1:00-2:00   | 1:00-2:00   | 1:00-2:00   | 1:00-2:00   | 1:00-2:00   | 1:00-2:00   |
| 2:00-3:00   | 2:00-3:00   | 2:00-3:00   | 2:00-3:00   | 2:00-3:00   | 2:00-3:00   | 2:00-3:00   |
| 3:00-4:00   | 3:00-4:00   | 3:00-4:00   | 3:00-4:00   | 3:00-4:00   | 3:00-4:00   | 3:00-4:00   |
| 4:00-5:00   | 4:00-5:00   | 4:00-5:00   | 4:00-5:00   | 4:00-5:00   | 4:00-5:00   | 4:00-5:00   |
| 5:00-6:00   | 5:00-6:00   | 5:00-6:00   | 5:00-6:00   | 5:00-6:00   | 5:00-6:00   | 5:00-6:00   |
| 6:00-7:00   | 6:00-7:00   | 6:00-7:00   | 6:00-7:00   | 6:00-7:00   | 6:00-7:00   | 6:00-7:00   |
| 7:00-8:00   | 7:00-8:00   | 7:00-8:00   | 7:00-8:00   | 7:00-8:00   | 7:00-8:00   | 7:00-8:00   |
| 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   | 8:00-9:00   |

## SECTION 4

### ACKNOWLEDGEMENT

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application.

As a volunteer of Nappanee Public Library, I agree to the following:

- I will follow all of the Library guidelines and policies.
- I consent to emergency medical attention in the event that I am unable to give my consent.
- I agree to a background check.
- I am aware that the Library has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.
- I understand I am volunteering my time for personal reasons and that I will not be paid for my services as a volunteer. I expect no compensation.
- ***I will be a conscientious volunteer and have fun!***

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_