

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 volunteer 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 _____



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

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 _____

Have you been assigned community service? Yes ____ No ____ If yes, please explain: _____

SECTION 2

VOLUNTEER EXPERIENCE - Previous experience is not necessary.

Organization	Position	Dates	Supervisor's Name and Phone Number
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VOLUNTEER SKILLS AND INTERESTS

Please check any skills you would like to share

Computer Skills - please specify _____

Crafts

Genealogy

General Book Maintenance

Language Skills – please specify _____

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

Nappanee Public Library hours of operation:	Monday-Thursday	9:00 am – 7:00 pm
	Friday	9:00 am – 5:00 pm
	Saturday	9:00 am – 5:00 pm
	Sunday	Closed

Nappanee Center hours of operation:	Monday-Friday	8:00 am – 5:00 pm
	Saturday	9:00 am – 1:00 pm
	Sunday	Closed

Based on our hours of operation, please list when you are most available.

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 _____