

## VOLUNTEER APPLICATION-ASTON PUBLIC LIBRARY

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL/ALT PHONE \_\_\_\_\_

AGE \_\_\_\_\_ HIGHEST GRADE COMPLETED \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE CONTACT (LOCAL ONLY):

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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Do you have any disability or medical condition we should be aware of?

\_\_\_\_\_

Please tell us about any education, training, experience, interest or hobby that might be helpful to the library.

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered for any organization before? \_\_\_\_\_ What organization(s) and what did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a volunteer I would prefer: to be called on special projects as needed \_\_\_\_\_  
a regular weekly schedule \_\_\_\_\_

If a weekly schedule is preferred, please write days and times you are available:

\_\_\_\_\_

\_\_\_\_\_

*Note: for "weekly" volunteers, a schedule of at least 5 hours a week is preferred. A higher number of hours may be required for some areas of work.*

What type of work would you prefer?

\_\_\_\_\_

If you have any computer experience, please list the operating systems and applications you have used. \_\_\_\_\_

\_\_\_\_\_

**APPLICATION CONTINUED ON REVERSE SIDE**

Please list two references:

NAME	ADDRESS	ZIP	PHONE
NAME	ADDRESS	ZIP	PHONE

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### **VOLUNTEER EXPECTATIONS**

- § Volunteers should be given clear directions as to what is expected of them.
- § Volunteers should be given training and a chance to learn and grow.
- § Volunteers should know why their efforts are important to the library.
- § Volunteers should feel that they are part of the library team.
- § Volunteers and staff should agree upon the period of time for which a commitment is made.

### **VOLUNTEER RESPONSIBILITIES**

- § Maintain confidentiality of all information pertaining to library patrons.
- § Consider volunteering a serious commitment.
- § Be on time for work and follow through on any commitments made.
- § Follow job description and accept supervision.
- § Give the library director adequate notice before leaving and the reason if possible.

**Remember that, as a volunteer, you are working in the public eye as a representative of the library.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if the applicant is under age 18.)

**ARE YOU VOLUNTEERING FOR REQUIRED COMMUNITY SERVICE?** \_\_\_\_\_

**IF SO, WHAT COURT OR SCHOOL IS THIS FOR?** \_\_\_\_\_

Please note: Aston Public Library does not cover volunteers under Worker's Compensation or any other insurance.

**PLEASE ATTACH A RESUME IF YOU HAVE ONE**