



VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address _____
Street Apt. Number

City State ZIP Code

Date of Birth (MM/DD/YYYY) _____ Email _____

Phone Number _____ Alternate Number _____

How did you learn about volunteering at the Kendallville Public Library?

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 _____

Have you ever been convicted of, or are you currently charged with, any crime, or has your driver's license ever been suspended?

Yes ___ No ___ If yes, please explain _____

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

Anything and Everything! Crafts Genealogy General Book Maintenance

Light Indoor/Outdoor Building Maintenance Shelf Reading Special Events

Computer Skills - please specify _____

Office Skills - please specify _____

Teaching or Training – please specify _____

Other – please specify _____

STAFF USE ONLY:

Application Accepted by: _____ Date: _____

No openings available

Staff Initials: _____

Department Assigned: _____ Date: _____

Date: _____

AVAILABILITY

Day	Hours	Frequency?
Monday	_____	(Please circle)
Tuesday	_____	
Wednesday	_____	Weekly
Thursday	_____	Bi-Weekly
Friday	_____	Monthly
Saturday	_____	On Call

ACKNOWLEDGEMENT

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

I will follow all of the Library guidelines and policies.

I will log my volunteer hours as requested by the library.

I consent to emergency medical attention in the event that I am unable to give my consent.

I agree to a background check.

I authorize the Kendallville Public Library and its agents to photograph, videotape, audio record, televise, duplicate and/or otherwise record my image, voice and likeness.

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 _____

Printed Name _____

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PARENTAL CONSENT: If Volunteer is under age 18, a Parent or Guardian must complete this section.

I, _____, as parent/guardian of _____, agree to indemnify and hold harmless the Kendallville 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 Kendallville Public Library in consideration of my participation as a volunteer for the Library.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____