




Greenwood Public Library
 310 S. Meridian St. * Greenwood, IN 46143
 317-885-5036 * www.greenwoodlibrary.us
 Emily Ellis, Volunteer Coordinator
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Greenwood Public Library

Adult / Teen Services Volunteer Application Form

Directions: Complete each section if possible. Please print clearly. You must be 14 years old to volunteer. If you are 17 years old or younger, a parent or guardian's signature is required at the end of this application.

Personal Information

Last Name: _____ First Name: _____

Address: _____

City / State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone (____) _____ - _____

Email: _____

Date of Birth: _____

Education

Are you in school? **Y** **N** If **yes**, where? _____

Highest grade completed: 6 7 8 9 10 11 12 Undergrad Grad

Volunteer Assignment Interests

Why do you want to volunteer at the library? _____

Do you have previous volunteer experience? **Y** **N** If **yes**, where? _____

What are your interests? (Please Check All that Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adopt-A-Dewey | <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> New Books Aid |
| <input type="checkbox"/> Adult Program Aid | <input type="checkbox"/> Holds Search Assistant | <input type="checkbox"/> Young Adult Program Aid |
| <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Knitting Assistant | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Computer Assistant | <input type="checkbox"/> Mending Specialist | |

Availability

As an Adult Services volunteer you are expected to work at least 1 hour per week for at least three months. Volunteers may work no more than 4 hours per week.

When would you be able to start volunteering? _____

The library is open Monday–Thursday 9am-8pm, Friday 9am-7pm, Saturday 9am-5pm, and Sunday 1pm-5pm. For scheduling purposes, please write in the times and days you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Emergency Contact(s)

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

References: Please list two references who are not related to you.

Name: _____ Phone#: _____ Email: _____

Name: _____ Phone#: _____ Email: _____

Please sign below after you have read and understand all statements below

- I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned.
- I understand that if I am unable to fulfill my scheduled time for any reason, I am to notify the volunteer coordinator as soon as possible.
- I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the volunteer coordinator.
- I understand that as a volunteer I will be a representative of the library and will do my best to present a positive image of the library to patrons and visitors.
- I understand that a volunteer term is 50 hours. At the end of my term I must reapply for another position.

Applicant's Signature: _____ Date: _____

If you are 17 years old or younger, have a parent or guardian sign below.

My son / daughter has my permission to volunteer at the Greenwood Public Library.

Parent / Guardian's Name (please print): _____

Parent / Guardian's Signature: _____ Date: _____

For Staff Use ONLY

- Shelving Test
- Volunteer Timesheet
- Schedule / Punctuality
- Supervisor Contact Information
- Dress Code
- Volunteer Responsibilities

Date Received	Date Contacted	Date Interviewed
Accepted Y N	Start Date	Schedule
Position	Inactive Date	Reason for resignation