



Johnson City Public Library
 100 W. Millard St.
 Johnson City, TN 37604
 423-434-4450

VOLUNTEER APPLICATION

DATE _____

NAME:		DATE OF BIRTH (if under 18):
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE #:	ALTERNATE #:	EMAIL:

Student Yes No

Community Service Yes No

ETSU NSTCC Other

Court Appointed Yes No

Required Volunteer Hours _____

Required Volunteer Hours _____

Date to be completed by _____

Date to be completed by _____

Are you currently employed? Yes No If yes, where _____

What is your computer experience? _____

Do you have previous volunteer experience? Yes No If yes, please describe.

Have you had any previous experience working with children? Yes No If yes, please describe.

Do you have a physical limitation that needs our consideration or would affect your ability to perform as a volunteer at the Johnson City Public Library? Yes No

(An affirmative response will not disqualify you from being considered).

If yes, please explain _____

Referral Source (How did you hear about volunteer opportunities at JCPL?) _____

REFERENCES

Please list the name and phone numbers of three references are not related to you.

Name	Relationship to You	Telephone
1.		
2.		
3.		

Library Volunteer Areas of Interest:

Volunteer Position _____

VolunTeen

Book Buddy Volunteer

Work inside Library

Help with Special Events

Work outside Library

Other _____

Please continue on reverse side.

How often would you like to volunteer?

Once a week _____ Twice a week _____ Other _____

PLEASE COMPLETE YOUR DESIRED SCHEDULE BELOW.

<i>Day</i>	<i>Library Hours</i>	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Monday	9:00am-8:00pm			
Tuesday	9:00am-8:00pm			
Wednesday	9:00am-8:00pm			
Thursday	9:00am-8:00pm			
Friday	9:00am-6:00pm			_____
Saturday	9:00am-6:00pm			_____
Sunday	1:00pm-6:00pm			_____

Have you ever plead guilty or no contest to, or been convicted of a crime? Yes No

If yes, please explain . *(An affirmative response will not automatically disqualify you from being considered).*

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

RELATIONSHIP: _____

I certify that all information I have provided in order to apply for a Volunteer position at the Johnson City Public Library is true and complete. I understand that if I provide false information I may be withdrawn from consideration for a volunteer position.

Signature of Applicant

Date

Parental Consent (parent's signature required for applicants under age 18)

I consent to allow my child, _____, to participate in the Johnson City Public Library Volunteer program. I understand that JCPL can not provide transportation to or from the library and can not be responsible for constant supervision of my child.

Signature _____

Date _____

STAFF USE ONLY

Comments:

Date _____

Staff Initials _____