



# Adult Services Volunteer Application

- ❖ Application must be completed in full by applicant. All information is required and will be solely and discreetly used by the Public Library of Mount Vernon and Knox County. Should there be no current volunteer position available, applications will be held securely on file for a period of one year.
- ❖ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status or disability.
- ❖ This Volunteer Application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of volunteering on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

**Full Name** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
*Last First M.I.*

**Address** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

## PREVIOUS/CURRENT VOLUNTEER EXPERIENCE, TRAINING AND SKILLS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VOLUNTEER AVAILABILITY

*List the day, time you are available, and area of interest you want to volunteer*

\_\_\_\_\_  
 \_\_\_\_\_

## WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?

\_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

*List two non-family references who know you well and can attest to your character, skills, and dependability.*

**Full Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY CONTACT

**Full Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 \_\_\_\_\_

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**DISCLAIMER & SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that providing false or misleading information in my application or interview may result in disqualification or may be grounds for termination at a later date.

I understand this is an application for, and not a commitment or promise of, volunteer opportunity. Services are donated and not given in anticipation of compensation or future employment.

I authorize all current/former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information. I authorize all references to release volunteer-related information about me and I release all persons or companies from liability or responsibility for providing such information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**GENERAL WAIVER OF LIABILITY**

I, (print name) \_\_\_\_\_, hereby certify that I wish to render volunteer service to the Public Library of Mount Vernon and Knox County ("the Library") and that I do hereby release and forever discharge the Library from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, arising out of, or in any way relating to, any and all injuries and damages of any kind, including any infectious disease, to both person and property, and also any and all injuries and damages, including any infectious disease, that may develop in the future, as a result of, or in any way relating to, my volunteer service to the Library.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

*Return Completed Form to  
Volunteer Coordinator  
OR  
Mail Completed Form to  
Public Library of  
Mount Vernon & Knox County  
201 N. Mulberry Street  
Mt. Vernon, OH 43050  
ATTN: Volunteer Coordinator*