



# Volunteer Application

Thank you for offering your time to the Licking County Library. Volunteers are a vital part of our community and we welcome your involvement. Please fill out this application in its entirety and return upon completion for consideration. Thank you.

[www.lickingcountylibrary.info](http://www.lickingcountylibrary.info)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact: home \_\_\_\_ cell \_\_\_\_ email \_\_\_\_ no preference \_\_\_\_

Emergency Contact: \_\_\_\_\_

(Name/phone/relationship to applicant)

Education (highest grade completed): \_\_\_\_\_

School: \_\_\_\_\_

Employment History: most recent paid positions, if applicable.

Employer	Dates Employed	Duties

Volunteer History: please list any volunteer experiences, if applicable.

Organization	Dates Volunteered	Duties

Are you 18 years or older? Yes \_\_\_\_ No \_\_\_\_

(Applicants must be 14 years of age or older. Applicants under 18 require consent of a legal guardian.)

Why are you interested in volunteering at the Library? \_\_\_\_\_

\_\_\_\_\_

Do you need community service hours? Yes \_\_\_ No \_\_\_

If yes, for: school \_\_\_ work \_\_\_ court-ordered \_\_\_ other (explain) \_\_\_\_\_

If yes, how many hours are required? \_\_\_\_\_ By when? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense?

Yes \_\_\_ No \_\_\_ If Yes, explain: \_\_\_\_\_

Are you applying for a specific volunteer position? If so, which one? \_\_\_\_\_

Days and times available: \_\_\_\_\_

Hours preferred per week: 1-2 \_\_\_ 3-4 \_\_\_ 4-6 \_\_\_ less frequently than weekly \_\_\_

Do you prefer to work: on a regular schedule \_\_\_ as-needed/occasionally \_\_\_ both \_\_\_

Preferred branch: \_\_\_\_\_

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#### Professional or Personal Reference

Please list one professional or personal reference. Do not list relatives.

Name	Address & Telephone	# of years known

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I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give the Licking County Library permission to verify all information contained in this application as may be necessary. I understand that I must submit to a background check before being assigned any volunteer responsibility at Licking County Library.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Did you receive an Orientation Letter? Yes or No

*Please return your completed application and attached Interest Form by mail, email, or fax to:*

Tracy Groves, Administrative Assistant

[tgroves@lickingcountylibrary.info](mailto:tgroves@lickingcountylibrary.info)

Fax: 740-349-5535

Licking County Library

101 West Main Street

Newark, OH 43055

Or return application to any service desk at any LCL branch.