VOLUNTEER APPLICATION FORM

Please print clearly and complete both sides of this application. Volunteers must be at least 12 years old. If you are under 18, a parent or guardian’s signature is required.

Personal Information:

Last Name: _______________________________ First Name: _______________________________ Middle Initial: ______

Street Address:_____________________________________________________________________________________

City/State: __________________________________________ Zip:_____________

Phone: (H)___________________ (e-mail):______________________________________________________________

Current Employer:____________________________________ Occupation:________________________________________

How did you find out about volunteer opportunities at the library?______________________________________________

Education:

Current School:____________________________________________________________________________________

Highest grade completed:_________________Degree(s):___________________________________________________

Emergency Contact Person:

Name:_________________________________________ Phone:___________________ Relationship:____________________

Availability (check all that apply):

Morning

Afternoon

Evening

Special Events

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Belmont – 1041 Watervliet Ave.    Miamisburg – 35 S. Fifth St.     ______
Brookville – 425 Rona Parkway    New Lebanon – 715 W. Main St.     ______
East – 2008 Wyoming St.         Northwest – 2410 Philadelphia Dr.     ______
Electra C. Doren – 701 Troy St.     Outreach Services     ______
Genealogy Center – 359 Maryland Ave.    Trotwood – 51 E Main St.     ______
Huber Heights – 6160 Chambersburg Rd.    Vandalia – 500 S. Dixie Dr.     ______
Kettering Moraine – 3496 Far Hills Ave.    West Carrollton – 300 E Central Ave.     ______
Madden Hills – 2542 Germantown St.    Westwood – 3207 Hoover Ave.     ______
Main Library – 215 E. Third St.    Wilmington Stroop – 3980 Wilmington Pike     ______
Miami Township – 2718 Lyons Rd. ______

Interests:

Please check any activity that interests you:

_____ Advisory Council Member     _____ Computer Assistant     _____ Publicity

_____ New Facilities Greeter       _____ General Library Assistant     _____ Last Minute Help/Calls

_____ Program Helper              _____ Special Event Assistant     _____ 3D Printing Helper

_____ Booksale Helper              _____ Circuit Maker Kit Helper     _____ Computer Helper

_____ Computing Maker Kit         _____ Conversation Partner     _____ ETTextile Maker Kit Helper

_____ Family History Indexer       _____ General Library Helper     _____ Homebound Delivery Helper

_____ Homework Helper              _____ Kitchen Maker Kit Helper     _____ Laser Maker Kit Helper
Volunteer Experience:
Have you ever volunteered before? ______ Yes  ______ No
If so, where, and what were your tasks?
___________________________________________________________________________________________________

Skills:
Do you have any special skills that you would like to share at the library?
___________________________________________________________________________________________________

Do you speak a second language? If so, what language? _____________________________________________________

References:
Please list two references in the space provided (no family members and references must be over age 18):

Name: ___________________________________ Daytime Phone: ________________ Relationship: _____________

Name: ___________________________________ Daytime Phone: ________________ Relationship: _____________

Please sign below when you have read and understood this statement:

The information I have provided is accurate and true to the best of my knowledge. My signature indicates permission for the Dayton Metro Library Volunteer Services Manager to contact my personal references. I understand that the Dayton Metro Library is not obligated to provide a volunteer placement in the organization, nor am I obligated to accept a volunteer position if offered. Further, I understand that in order to volunteer for a position requiring direct service to patrons, I will be required to submit fingerprints to the BCII, and that in accordance with SB 187 may be asked to submit fingerprints at any time.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant’s Signature: _____________________________________________________________  Date: _______________

My son or daughter has my permission to volunteer at the Dayton Metro Library.

Parent/Guardians Signature: _______________________________________________________   Date: _______________

(Required if applicant is under 18)

Please return this application to a library branch or mail to:
David Hicks, Volunteer Services Manager
Dayton Metro Library, 215 E. Third Street, Dayton, OH 45402
For Questions? Call (937) 496-8638 or Email dhicks@daytonmetrolibrary.org

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