

Friends of the Dayton Metro Library

VOLUNTEER APPLICATION FORM

Please print clearly and complete both sides of this application. Volunteers must be at least 14 years old. If you are under 18, a parent or guardian's signature is required. Applicants age 18 and over may be fingerprinted prior to volunteering. Please return the completed application to the Community Relations Office, Dayton Metro Library, 215 E. Third Street, Dayton, OH 45402. Questions? Call 496-8901.

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (W) _____ (e-mail) _____

(other) _____ Month and Day of Birth: ____/____ # years at address: _____

Current Employer: _____ Occupation: _____

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

Education:

Current School: _____ Highest grade completed: _____ Degrees: _____

Emergency Contact Person.

Name: _____ Phone: _____ Relationship: _____

Availability: (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Is there a branch where you would prefer to work? _____

Interests:

Please check any activity that interests you:

- _____ Booksale Assistant
- _____ Computer Assistant
- _____ Family History Indexer
- _____ Take Reading on the Road
- _____ Advisory Board Member
- _____ General Library Assistant
- _____ Last Minute Help/Calls
- _____ Publicity
- _____ Shelf Reader
- _____ Story Time Assistant
- _____ Other? _____

over

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: _____

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Has any court ever convicted you, including military court, of any offense? _____ Yes _____ No

If yes, please explain: _____

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 Friends of the Library Coordinator of Volunteer Services to contact my personal references. I understand that the Friends of the Library are 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)

Library Use Only:

Interview Date: _____

References check: _____

Placement: _____

Branch: _____

Orientation date: _____

Training date: _____

Start date: _____

Supervisor: _____

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