



Volunteer Application

Volunteers are vital to the Wornstaff Memorial Public Library. We welcome community involvement in the Library and offer a variety of opportunities to match your interests, skills, and availability. In order to be considered for volunteer service, please fully complete this application.

Name: _____ **Date:** _____

Address: _____ **City, State, Zip Code:** _____

Phone: _____ **Email:** _____

Why are you interested in volunteering with the Library?

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

Areas of Interest (select all that apply). Please note: not all areas are available at all times or at all libraries:

<input type="checkbox"/>	Shelf-read collections	<input type="checkbox"/>	Washing puppets/stuffed animals at home
<input type="checkbox"/>	Decorating / displays / crafts	<input type="checkbox"/>	Staff book sale at Ashley Corn Show
<input type="checkbox"/>	Library programs for adults	<input type="checkbox"/>	Canvassing for library levy in 2020
<input type="checkbox"/>	Gardening and light landscaping	<input type="checkbox"/>	
<input type="checkbox"/>	Cleaning books/dusting shelves	<input type="checkbox"/>	Other (please list):
<input type="checkbox"/>	Library programs for children/teens	<input type="checkbox"/>	
<input type="checkbox"/>	Shelving library materials	<input type="checkbox"/>	

I prefer to volunteer: on a regular schedule ____ on a flexible schedule ____

Days and times available to work: The building is open Monday through Friday 10:00am to 8:00pm and Saturday 10:00am to 5:00pm

Mondays: _____ Tuesdays: _____

Wednesdays: _____ Thursdays: _____

Fridays: _____ Saturdays: _____

Hours preferred per week: 1-2 ____ 3-4 ____ 4-6 ____ less frequent than weekly ____

Do you need community service hours? Yes ___ No ___

If yes, for: college ___ workplace ___ court-ordered ___ other (explain) _____

If yes, how many hours do you need? _____ By what date? _____

Do you have any skills, expertise or areas of interest that you would like to share as a volunteer for the library, or that may assist us in placing you in a volunteer position?

Emergency contact: _____
(name/phone/relationship to you)

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give Wornstaff Memorial Public Library the permission to verify all information contained in this application as may be necessary.

I understand that there is no salary or other compensation for my services as a volunteer. I understand that my assignment may be terminated by the Library or myself with or without prior notice at any time.

I agree to read, sign and adhere to the Volunteer Code of Conduct.

Signature: _____ Date: _____

*Please return your completed application by mail, email or fax to:
Wornstaff Memorial Public Library
302 E High St
Ashley, Ohio 43003
Fax 740-747-2085
Amea Sword asword@wornstafflibrary.com*

Or return it to any circulation desk at Wornstaff Memorial Public Library.