



# GLOUCESTER COUNTY LIBRARY SYSTEM

## VOLUNTEER APPLICATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Best time to call:  AM  PM

Do you speak a foreign language?  No  Yes, which language \_\_\_\_\_

For how long do you wish to volunteer?

- Less than 1 month  While I am seeking employment  
 Less than 6 months  More than 6 months

### Availability (check all that apply)

Location:  Glassboro  Greenwich  Logan  
 Mullica Hill  Swedesboro

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no volunteer positions are available are you interested in being on the waiting list?

- No  Yes, for how long? \_\_\_\_\_

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### Education: (Circle highest grade completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major \_\_\_\_\_

Degree \_\_\_\_\_

### Work Experience (include volunteer and military history)

Last or present position

Employer \_\_\_\_\_

Position \_\_\_\_\_ City & State \_\_\_\_\_

Previous position

Employer \_\_\_\_\_

Position \_\_\_\_\_ City & State \_\_\_\_\_

**References**

Personal

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Professional

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

A background check will be conducted.

Have you ever been convicted of or pled guilty to a felony?  Yes  No

If yes, please give date, place and nature of the charge for which you were convicted. \_\_\_\_\_

**In case of Emergency**

Contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Some library work involves physical exertion, standing, or close visual work. Please list any physical limitations that might affect your volunteer placement. \_\_\_\_\_

**Comments/Additional Information** \_\_\_\_\_

I hereby agree to not make any claim or demand or to institute, press or in any way aid any claim, demand, action or causes of action or legal proceeding of whatever nature against the Gloucester County Library or The Gloucester County Board of Chosen Freeholders for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my rendition of volunteer services to the Library that are not caused by or the result of the negligence of the library or library staff. I understand that the Library is not able to cover me for an on the job injury and that I must make arrangements for any personal health/medical plan.

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