



# Chatham Area Public Library Volunteer Application

**\*Volunteers age 14 and older must be able to work**

**Independently with minimal supervision\***

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

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

Phone number: \_\_\_\_\_ Second Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please specify how you would like to be contacted. Phone call \_\_\_\_\_ Email \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Any volunteer experience or job experience (Skills)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies to latex or cleaning supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you volunteered here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you required to fulfill a specific number of volunteer hours? Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours needed? \_\_\_\_\_ Available start date? \_\_\_\_\_

At what times are you available during the week? Please include day, as well as time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?

Library user \_\_\_\_\_ School/Community Service Requirement \_\_\_\_\_ Friends/Family \_\_\_\_\_

If other, please explain: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\*Once a staff member looks over your application, an email will be sent to you (unless otherwise specified), to let you know about a MANDATORY one hour training session. At this meeting, the staff member will go over volunteer duties such as dusting, cleaning, wiping down tables and chairs, and organizing various parts of the library. Once you have attended a training session, the library offers "open hours" volunteer times, no previous reservation required. You just show up ready to help out your library!\*



I certify that the information given in the application is true and complete to the best of my knowledge. I agree and understand that if I am accepted into the Chatham Library volunteer program, any false statements may result in my dismissal from the program. I understand that submission of this application in no way assures me a volunteer position.

- I acknowledge that there is **NO** salary or other compensation for my service as a volunteer.
- I understand that the Chatham Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.
- I understand that the Chatham Library is not responsible for injuries incurred by volunteers.
- I understand that volunteers must honor the confidentiality of library patrons, employees, and other volunteers.

I agree to:

- Arrive on time, prepared to perform to the best of my ability.
- Check in with Library staff when arriving and leaving the building.
- Enter my hours worked in the Library log after each volunteer session.

In consideration of the opportunity to volunteer with the Chatham Area Public Library, I fully and completely release the Chatham Area Public Library, its director, and employees from any and all claims, demands, and liability of every nature and description arising by being allowed to volunteer with the Chatham Area Public Library District. Please note that the Chatham Area Public Library District will contact interested applicants when volunteer opportunities arise.

The library district shall provide equal opportunities to all volunteers regardless of their race, color, religion, creed, national origin, sex, age, sexual orientation, order of protection status, genetic information, ancestry, marital status, arrest record, military status or unfavorable military discharge, citizenship status, use of lawful products while not at work, physical or mental handicap or disability (if otherwise able to perform the essential functions of the job with reasonable accommodation), and other legally protected categories, including gender identity or expression, pregnancy, and political ideology.

I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational materials for the Chatham Area Public Library District.

Volunteer Print Name: \_\_\_\_\_

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

Parent or Legal Guardian Print Name: \_\_\_\_\_

Signature (if under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_