



# Volunteer Application

*Volunteers are vital to Pataskala Public Library. We welcome community involvement in the Library and offer a variety of opportunities to match your interests, skills, and availability. To be considered for volunteer service, please fully complete this application. Applicants must be in the 9<sup>th</sup> grade or older. Thank you.*

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to be contacted by: phone \_\_\_\_\_ email \_\_\_\_\_ no preference \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment history: please tell us about your most recent paid positions, if applicable:

Employer	Dates of Employment	Description of your Duties

Volunteer history: please tell us about your volunteer experiences, if applicable:

Organization	Dates Volunteered	Description of your Duties

Education (highest grade completed): \_\_\_\_\_

School: \_\_\_\_\_

If under 18, what is your age? \_\_\_\_\_

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Do you need community service hours for school or work? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, for: school \_\_\_\_\_ workplace \_\_\_\_\_ other (explain) \_\_\_\_\_*

*If yes, how many hours do you need? \_\_\_\_\_ Completed by \_\_\_\_\_*

Do you agree that Pataskala Public Library can perform a background check, if you are 18 years or older?  
Yes \_\_\_ No \_\_\_ Applicant is responsible for the cost of processing the background check.

Are you applying for a short-term \_\_\_ or long-term \_\_\_\_\_ volunteer position.

Why are you interested in volunteering with the Library?

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Regular volunteer duties include:

- Shelving materials
- Searching for missing items
- Weeding, packing, and storing outdated materials

Please indicate your availability below. We will attempt to accommodate whenever possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

I prefer to volunteer: on a regular schedule \_\_\_ as-needed / occasionally \_\_\_ both \_\_\_

*I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give Pataskala Public Library permission to verify all information contained in this application as may be necessary. If 18 years or older, I understand that I must submit to a background check before being assigned volunteer responsibility at Pataskala Public Library.*

*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.*

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

**Parental Permission (for applicants under 18):**

*Volunteers under the age of 18 must have a parent or guardian's signature. The parent or legal guardian must enter their name and check they agree to be bound by this agreement.*

*I acknowledge that I am the parent/guardian of the applicant on this form, and I consent to my minor child volunteering at the Pataskala Public Library. I understand that activities may be unsupervised.*

Signature of Parent or Guardian \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

*Please return the completed application to the Pataskala Public Library  
or email pataskalalibrary@gmail.com.*