



# West Orange Public Library

Grow Brighter Together

## Volunteer Application

(Volunteers must be age 14 or more.)

(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

References: (Employment References Preferred)

1. Name & Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

2. Name & Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

3. Name & Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Have you volunteered before? \_\_\_No \_\_\_Yes If yes, where? \_\_\_\_\_

Why do you want to volunteer at the Library? (Check one):

School requirement \_\_\_ Club or organization requirement \_\_\_

Personal interest \_\_\_ Other \_\_\_\_\_

How many hours are you required to volunteer? (if applicable) \_\_\_\_\_

Are you related to any employee or Trustee of the Library? Yes \_\_\_ No \_\_\_

If yes, list name and relationship \_\_\_\_\_

Special skills (computer, design, etc) \_\_\_\_\_

Days/Hours Available \_\_\_\_\_

Date Available to Start \_\_\_\_\_ Last Date Available \_\_\_\_\_

Emergency Contact:

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**For applicants under age 18:**

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**All applicants please sign below:**

I understand that the West Orange Public Library may contact some or all of the references listed above, and in the case of the Homebound Delivery Program\* or other activities that require driving, may obtain a copy of my driving record from the NJ Department of Motor Vehicles. I also understand that I will be scheduled to work specific days/hours. I agree to follow the direction of the Librarian.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicants under age 18, a parent or guardian must sign below:**

I authorize and support \_\_\_\_\_'s participation in the volunteer program at the West Orange Public Library.

\_\_\_\_\_  
Parent/Guardian

**\*Applicants for the Homebound Delivery Program**, please attach copies of your driver's license and insurance card.

**For Library Use:**

Department:

Start Date:

End Date:

Schedule:

Recommended by:

Admin. Authorization: