



Volunteer Application

You must be at least 16 years of age to volunteer at the Cherry Hill Public Library.
Volunteers must provide their own transportation.

Name _____

Address _____

Email Address _____

Phone _____

Contact Person (in case of emergency) _____

1. List past relevant work experience (including volunteer work) that you feel is applicable to volunteering in the library. Limit your answer to five positions.

2. List any other skills or special knowledge you have that might be beneficial to volunteering in the library.

3. Why are you interested in volunteering at the Cherry Hill Public Library?

4. Indicate your best times for volunteering:

Monday through Friday

- _____ 9:30 a.m. to 11:00 a.m.
- _____ 11:00 a.m. to 1:00 p.m.
- _____ 1:00 p.m. to 3:00 p.m.
- _____ 3:00 pm to 5:00 pm
- _____ 5:00 p.m. to 7:00 p.m.
- _____ 7:00 p.m. to 9:00 p.m.

Saturday

- _____ 9:30 a.m. to 11:00 a.m.
- _____ 11:00 a.m. to 1:00 p.m.
- _____ 1:00 p.m. to 3:00 p.m.
- _____ 3:00 p.m. to 5:00 p.m.

Sunday

- _____ 1:00 p.m. to 3:00 p.m.
- _____ 3:00 p.m. to 5:00 p.m.

5. Provide two references:

1) _____ Phone _____

2) _____ Phone _____

6. Indicate your preference(s) for assignments as a volunteer:

_____ Library Guest Services – greet and direct patrons as they enter the building

_____ Volunteer Library Assistant – assist various departments as needed

_____ Programming Assistant – work with Coordinator of Programming and Special Events in planning, preparing, and running programs

Have you ever been convicted of a crime or offense which has not been dismissed by the Court?

____YES ____NO

(If yes, give details of each conviction and disposition in the space below. A conviction will not necessarily preclude you from volunteering unless such conviction(s) relates adversely to the opportunity sought. Please note, some positions may require a Request for Criminal History Record).

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer employment or immediate termination of volunteer employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

I understand this application strictly covers volunteering opportunities and does not represent any future or implied opportunities for paid employment. In addition, I understand that any volunteer work related to services or projects at the Cherry Hill Public Library will be performed without remuneration.

I release Cherry Hill Public Library and Cherry Hill Township, and their employees from any and all liability which may arise as a result of volunteering at the Cherry Hill Public Library. I waive any claim for damages to my property and assume all the risks of such participation in the volunteer program.

Signature _____ Date _____

STUDENT VOLUNTEER PERMIT

(to be signed by parent/guardian if applicant is under 18 years of age)

Date: _____

(Name) _____ has my permission to participate in the library's volunteer program and I waive any claim for damages to his/her property and assume all risks of such participation.

Signature Relationship to applicant Phone #