



Cherry Hill

# PUBLIC Library

## 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: \_\_\_\_\_

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

Contact Person (in case of emergency) \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

1. List past relevant work experience (including volunteer work) that you feel is applicable to volunteering at the library. Include a resume if you like.
  
  
  
  
  
  
  
  
  
  
2. List any other skills or special knowledge you have that might be beneficial to volunteering at the library.
  
  
  
  
  
  
  
  
  
  
3. Why are you interested in volunteering at the Cherry Hill Public Library?

4. Please indicate your best time for volunteering:

Monday through Friday

Morning \_\_\_\_\_

Afternoon \_\_\_\_\_

Evening \_\_\_\_\_

Saturday

Morning \_\_\_\_\_

Afternoon \_\_\_\_\_

Sunday

Afternoon \_\_\_\_\_

5. Provide two references:

a) \_\_\_\_\_ Phone \_\_\_\_\_

b) \_\_\_\_\_ 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 – assisting with special events/programming as needed

\_\_\_\_\_ Gift Shop

\_\_\_\_\_ Fundraising – book sales, flea market

\_\_\_\_\_ Serving on a Committee – fundraising, scholarship, programming as needed

\_\_\_\_\_ Shelf reading

7. Have you ever been convicted of a crime or offense which has not been dismissed by the court?     YES     no

*(If yes, please 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 volunteer 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 \_\_\_\_\_

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**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.

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Signature

Relationship to applicant

Phone #