

East Rutherford Memorial Library Children's Department

Volunteer Application Form

Thank you for your interest in volunteering at East Rutherford Memorial Library. The information on this form will be used to help determine a volunteer assignment that is well suited to your background and interests.

NAME: _____

PHONE: Home _____ Cell _____

ADDRESS: _____

EMAIL ADDRESS: _____

Tell us something about yourself and why you are interested in volunteering at East Rutherford Memorial Library Children's Department.

What previous relevant experience do you have?

What skills or hobbies do you have to bring to a volunteer position?

Language(s) in which you consider yourself fluent:

How often are you available to volunteer?

Please indicate the number of hours you would like to volunteer (e.g., 1 hr, 2 hrs).

_____ Once a week _____ Twice a week _____ Daily _____ Other

What hours/days of the week are you available to volunteer?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday
_____ Friday _____ Saturday _____ Sunday

In case of an emergency, please contact:

Name _____

Relationship _____ Phone number _____

Personal References

Please list two non-family members whom we may contact and who would be able to tell us about you. Include *at least one* method of contact.

Name _____	Name _____
Address _____	Address _____
Email _____	Email _____
Daytime phone _____	Daytime phone _____
Relationship to you _____	Relationship to you _____

Convictions:

Within the past 10 years, have you been convicted as an adult of a felony or misdemeanor classified as an offense against a person or family, of public indecency, or of a violation involving a state or federally controlled substance? _____ If yes, please explain the nature and date of the offense:

Volunteer Release Statement:

I hereby certify that the above information on this application is true, accurate, and complete to the best of my knowledge. My signature authorizes East Rutherford Memorial Library to verify any of the information on this application and secure information from personal references. If I am accepted as a volunteer at East Rutherford Memorial Library, I agree to abide by the library's rules and regulations.

_____ Signature

_____ Date

ALL INFORMATION ON THIS APPLICATION WILL REMAIN CONFIDENTIAL.