



The Library

EAST BRUNSWICK PUBLIC LIBRARY APPLICATION FOR VOLUNTEER SERVICE

Submit to Administration Office

Thank you for your interest in volunteering at the East Brunswick Public Library.

Your interest is important to us. Your application will be reviewed in a timely manner. Please indicate what work you would most prefer. If there are any available volunteer opportunities that match your interests, you will be called to schedule an interview. If there are no volunteer positions currently available in the work preference you chose, you will be informed of this by letter.

Volunteer applications are kept on file for 60 days.

NAME _____
Last First Middle

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

AGE GROUP

Student who is currently in:

_____ 10th grade

_____ 11th grade

_____ 12th grade

_____ Adult

MOTIVATION

_____ Personal satisfaction

_____ Seeking employment

_____ Skill development

_____ Required (_____ hours)

REFERRAL SOURCE

_____ EBTV

_____ A library publication

_____ A library staff member

_____ A friend or relative

_____ Walk-in

_____ Other

Name of source (if applicable):

WORK PREFERENCE

_____ Adopt-a-Shelf (shelf reading)

_____ Special projects

_____ Other _____

EDUCATION AND TRAINING

_____ High School

_____ College

_____ Graduate Study

Other(list) _____

Specialized(specify) _____

Continued on reverse

VOLUNTEER EXPERIENCE:

ORGANIZATION	POSITION(S) HELD/FIELD OF ACTIVITY	DATES

EMPLOYMENT HISTORY:

POSITION(S) HELD	EMPLOYER	LENGTH OF SERVICE

Special skills, abilities, and interests: _____

Limitations, if any: _____

Days and hours available _____

In case of emergency, notify:

Name

Address

Telephone

Date _____ Signature _____

Applicants under 16 years of age must have a parent's or guardian's permission to volunteer at The Library.

Date

Parent's Signature

Parent's Name Printed

Additional information you would like us to know: _____

For office use only: