

ADULT VOLUNTEER APPLICATION

(Please note: Both sides of the application must be completed in full. Individuals under the age of 18 should seek volunteer opportunities through the library's Young Adult Department by visiting carmelclaylibrary.org/teen-volunteer-corps.)

Name _____ Phone _____

Email _____

Address _____ City _____ Zip Code _____

What is your educational background?

- High school
- Vocational school Area(s) of study _____
- College Area(s) of study _____
- Graduate school Area(s) of study _____
- Other (Please specify) _____

What interests you about volunteering at the library? _____

How often would you like to volunteer? _____

Days and times preferred _____

Days and times you are NOT available _____

Which of the following duties might you be interested in performing for the library?

- Staffing the Foundation Friends Bookstore (cashiering, helping customers, restocking book displays)
- Sorting donated books for bookstore/book sales
- Processing online sales of donated books to raise money for the Foundation Friends
- Preparing discarded library materials for book sales
- Mending library materials (loose pages, binding, etc.)
- Straightening bookshelves, dusting
- Being part of the Foundation Guild or the Young Professionals Group, the two event-planning branches of the CCPL Foundation
- Other (Please specify) _____

Please give the **dates and location** of prior employment during the last 10 years and describe your **responsibilities** (if you prefer, you may attach a copy of your resume):

Please list the dates and location of prior volunteer experience and/or professional/civic activities:

Please indicate any specific skills, training, or experience you have related to volunteering at the library:

Have you ever been convicted of a felony? _____ Yes _____ No

Depending on the nature and length of your volunteer assignment, the library may conduct reference and other background checks on you.

References (name, address, and telephone) _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

Primary Phone _____ Alternate Phone _____

Agreement and Release

As a CCPL volunteer, I understand that I am a representative of the library and a partner in fulfilling its mission. In accepting this role, I understand and agree that I am not an employee of the library and will not receive compensation for my services. I agree to abide by the library's policies, procedures, and rules and to participate in any required orientation or training programs required for my volunteer position. I hereby release the library and its officers, employees, agents, and representatives from any responsibility for personal injury and damage to or loss of property that I may incur while engaging in volunteer activities at or on behalf of the library.

Volunteer's signature

Date

Thank you for your interest! Please return your completed application to the Human Resources Manager at hr@carmelclaylibrary.org or Carmel Clay Public Library, 425 E Main St, Carmel, IN 46032. Due to the limited need for adult volunteers within the library, please be advised that we may not contact you for several weeks.